

EXHIBIT A

1

2

3 HOUSE HEALTH & HUMAN SERVICES COMMITTEE

4 2019 LEGISLATIVE SESSION

5 MARCH 6, 2019

6

7

8 TRANSCRIPT OF HEARINGS

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24 Reported from electronic media by

25 Judy K. McNeill, CCR B-1611

1 HOUSE HEALTH & HUMAN SERVICES COMMITTEE HEARING

2 MARCH 6, 2019

3 MADAM CHAIR: So if you do not have a
4 seat -- and this is not me -- if you do not
5 have a seat, you will have to vacate the
6 room. So I'm very sorry, but the --

7 Okay. All right. Okay. Hang on.
8 Okay.

9 I am sorry that that is the way it
10 is, but we are in the biggest room that we
11 have. We have some sign-up sheets -- do we
12 have sign-up sheets?

13 Okay. We will have a sign-up sheet,
14 but so that -- you know, people have other
15 meetings and so that we are not here all
16 day long or into the evening, I'm going to
17 do what they do in the House.

18 Each of the presenters on the two
19 abortion bills will have 20 minutes to
20 present their bills. That's Jody Lott and
21 Ed Setzler. Representative Setzler and
22 Representative Lott.

23 Then I will have 30 minutes of people
24 for, public comments; and 30 minutes for
25 people against. That would be it. So I

1 would say to each side, choose the people
2 that you want to speak very carefully so
3 that you do not have people repeating the
4 same message and we can go forward.

5 So just as soon as we can get going,
6 we will get going. So if you do not have a
7 seat, the fire marshals -- and we will have
8 to find a couple of seats for people that
9 are employees and are here for other bills
10 also.

11 (Off-the-record comments)

12 (Upon resuming)

13 MADAM CHAIR: And I will give
14 preference to the Representatives that want
15 to speak. I mean, that is only common
16 courtesy to allow Representatives that want
17 to speak, speak.

18 We're trying to see if there is
19 another room where they can somehow, you
20 know, plug into the testimony and all.

21 I mean, if you're waiting to sign up
22 and you are about the 20th person in the
23 line, you're going to be way too far down
24 the line to sign up for 30 minutes.

25 (Brief pause)

1 (Upon resuming)

2 MADAM CHAIR: Okay. Can somebody
3 tell people that are out in the hall --
4 Officers, can you tell them we're going to
5 stream this into room 415. 415. If you
6 can tell them...

7 And if everybody will cut off their
8 cell phones and all -- since I just had
9 mine ring, I will be cutting mine off also.

10 (Brief pause)

11 (Upon resuming)

12 MADAM CHAIR: Okay. Everybody that's
13 standing needs to leave the room so we can
14 get started. If you are standing without a
15 seat, please leave the room. It's being
16 live-streamed in 415. Live-streamed in
17 415.

18 Ladies -- okay. Can you go pick up
19 the sign-up sheet and see if it looks like
20 it's way past 30 minutes?

21 (Off-the-record comments)

22 (Upon resuming)

23 MADAM CHAIR: Representative, you may
24 not get to speak if you're way down the
25 list. We need to pick up the list now.

1 Okay.

2 Okay. Thank you.

3 I am sorry for having to cut it off
4 at a point, but we have to do that.

5 Let me just say we have some other
6 bills to hear first. I know that I don't
7 have to say this. I know that everybody is
8 going to act with decorum.

9 In the Legislature, we discuss very
10 serious bills and people on both sides of
11 an issue have a right to be heard. And
12 even if you disagree with them, they have a
13 right to be heard with respect. So I don't
14 expect for there to be clapping or cheering
15 or anything else like this. We're going to
16 run this meeting with decorum.

17 These issues are not easy. They're
18 not easy for my members on this committee.
19 Right? But somehow or other, we seem to
20 manage down the road coming up with
21 reasonable legislation. Sometimes, you
22 know, bills move. Sometimes they don't.
23 Sometimes it takes a while to get the
24 mixture right, but we have to hear and we
25 want to hear from constituents.

1 But here again, we are one day from
2 crossover. That's the last day that a bill
3 can go over to the Senate or one can come
4 from the Senate to the House. You know, we
5 are in a time crunch and we can't go on for
6 hours and hours. That's why I said for
7 both sides to pick carefully who they
8 wanted to speak for them.

9 And I want to thank the police
10 officers for helping take us -- stay in
11 line with the fire marshal before they came
12 and actually closed the meeting down
13 because we have too many people. And to
14 thank everybody here for biding by my
15 wishes to eliminate the people who were
16 standing. And for my committee members
17 that are here, thank you very much.

18 I call this meeting of the House
19 Health and Human Services Committee to
20 order.

21 And, Representative Tanner, I believe
22 you're ready to go on House Bill 514.

23 REPRESENTATIVE TANNER: Thank you,
24 Madam Chair. And I will try to go as
25 quickly as I can because I know you have a

1 lot of other things to do.

2 In front of you is House Bill 514.

3 It's a substitute LC 33 7903S. This has
4 been a collaboration of the House, the Lt.
5 Governor's Office, and the Governor's
6 Office to create a Behavioral Health Reform
7 and Innovation Commission.

8 This Commission would last for a
9 period of four years. It would follow much
10 like the Criminal Justice Reform Commission
11 did in taking a very deep dive into a very
12 difficult subject with a group of experts
13 from across Georgia from a wide variety of
14 expertise dealing with Behavioral Health
15 from providers, to psychiatrists, to
16 education professionals, to the law
17 enforcement community and others.

18 It would also have two members of the
19 House and two members of the Senate, and
20 the Governor would appoint the Chair of
21 this Commission.

22 And a lot of their work would be done
23 very similar to the Criminal Justice Reform
24 Commission in subcommittees. Some of those
25 subcommittees are listed. It also gives

1 the authority to the Chair to be able to
2 add some additional subcommittees if they
3 feel like it's necessary when they get into
4 the work.

5 One of the things that's also in the
6 legislation is that the agenda for this
7 Commission, as long as we're under the
8 settlement agreement with Justice and
9 Behavioral Health, the agendas would have
10 to be approved by the Governor's Executive
11 Council to make sure we were not doing
12 anything that would hinder that settlement
13 agreement.

14 So, Madam Chair, I'll be happy to
15 answer any questions. I'm not sure that
16 there's a reason to read down through every
17 member of the Commission. But, again,
18 appreciate the -- all that's been done by
19 the Department of Behavioral Health over
20 the last decade to make great strides in
21 this area and look forward to this group of
22 experts continuing to work in this area to
23 continue to make more improvements.

24 And, Madam Chair, I'll be glad to
25 answer any questions.

1 MADAM CHAIR: Okay. Questions from
2 the Committee for Chairman Tanner.

3 Representative Barr.

4 REPRESENTATIVE BARR: Thank you,
5 ma'am.

6 Quick question, simple question:
7 What was the thought process on the end
8 date of 2023?

9 REPRESENTATIVE TANNER: The idea was
10 that it would go for four years after it
11 was established. That it would take a
12 lengthy time. This is a very complicated
13 topic with a lot of different areas of
14 discussion and the General Assembly could
15 always come back and extend that.

16 Originally, there was some
17 consideration by doing this by executive
18 order from the Governor much like Criminal
19 Justice Reform was initiated in the
20 beginning, but then was decided to do it
21 legislatively. But we could extend that
22 date if it was necessary in the future.

23 REPRESENTATIVE BARR: Very good. I
24 look forward to this one. Thank you, sir.

25 REPRESENTATIVE TANNER: Thank you.

1 MADAM CHAIR: Okay. Representative
2 Hutchins.

3 REPRESENTATIVE HUTCHINS: Thank you.

4 I just had a question. Will this
5 hinder anything that's proposed to move
6 forward like the Apex program or the 8.4
7 million dollars going into the budget this
8 year?

9 REPRESENTATIVE TANNER: It definitely
10 wouldn't interfere with anything in the
11 budget. It doesn't interfere with anything
12 that's being done at the Department of
13 Behavioral Health. And as far as any
14 legislation now or in the future, then that
15 would be, of course, up to the members of
16 the General Assembly and the Governor's
17 Office how they chose to move bills
18 forward.

19 But this does not in any way stop any
20 action from happening, no.

21 REPRESENTATIVE HUTCHINS: Okay. I
22 like it. Thanks.

23 MADAM CHAIR: Other questions?

24 Okay. Is there anyone -- okay.
25 We've got one.

1 Representative Dempsey.

2 REPRESENTATIVE DEMPSEY: Yeah.

3 Chairman Tanner, I want to thank you for
4 your work. I know you've worked real hard
5 on this. I've not been a part of it and I
6 just want to make sure and make clear that
7 nothing will happen until the justice
8 settlement is actually settled because that
9 is such a fragile document that we have no
10 control over actually.

11 REPRESENTATIVE TANNER: It's my
12 understanding from the way the Governor's
13 Office added language in, that any agenda
14 for any meeting submitted prior to the
15 settlement agreement would have to be
16 approved by the Governor's Executive
17 Council.

18 REPRESENTATIVE DEMPSEY: So there's
19 not any date certain necessarily of when
20 you're trying -- I know it says, as I read
21 it, I think, that you plan to meet at least
22 two times a year -- or whoever -- whoever.
23 I don't mean to assume that --

24 REPRESENTATIVE TANNER: Yeah.

25 REPRESENTATIVE DEMPSEY: -- it's you

1 but that the --

2 REPRESENTATIVE TANNER: That's right.

3 REPRESENTATIVE DEMPSEY: -- because
4 often there are commissions that take place
5 and that we help with that we're never even
6 really --

7 REPRESENTATIVE TANNER: Correct.
8 That's right.

9 REPRESENTATIVE DEMPSEY: -- a part of
10 later. Just like study committees.

11 But I just want to make that a very
12 important part of this conversation. And
13 that while all of these entities are so
14 important to the whole umbrella of mental
15 health, that the real focus, the real focus
16 of this, I hope, will be on those who
17 struggle with true mental health and
18 addiction, the families that are genuinely
19 affected by it because the health part of
20 mental health is the root cause of what we
21 really need to deal with.

22 So I just want to ask you to please
23 make that your focus.

24 REPRESENTATIVE TANNER: That's
25 correct. I can tell you some personal

1 stories about my personal interactions with
2 family members and others who have been
3 lost by suffering from mental illness. So
4 I know all too well how it affects
5 families.

6 But, again, it doesn't prohibit the
7 committee or commission from meeting prior
8 to that. But it does require that the
9 Governor approve the agenda. Again, to
10 make sure -- because the Governor's Council
11 will be involved in the conversations going
12 on behind the scenes with his Commissioner
13 of the Department of Behavioral Health to
14 make sure that this commission is not doing
15 anything that, in his opinion, would hamper
16 the progress of the settlement agreement.

17 REPRESENTATIVE DEMPSEY: Well, I
18 think it would be fair to say, too, that
19 there probably is not a member in the House
20 or the Senate that do not hear from people
21 whose lives, as you say, are touched by
22 this, whether it's their own family or just
23 constituents that let us know. It is a
24 huge challenge and I hope we can act with
25 care and caution and not move fast.

1 REPRESENTATIVE TANNER: Thank you.

2 MADAM CHAIR: Thank you,
3 Representative Dempsey. I know of your
4 passion for people suffering with
5 behavioral disorders and illness.

6 Did you have an amendment or anything
7 or just...

8 REPRESENTATIVE DEMPSEY: No, I just
9 have great concern about it -- of anything
10 that's sort of done this quickly. I mean,
11 we're in that window of time right now when
12 a lot of things are moving fast and, you
13 know, as members, I think we have a huge
14 responsibility to be careful.

15 MADAM CHAIR: Thank you.

16 Okay. We have no other from our
17 members.

18 Do we have people in the audience
19 that want to speak on this issue? Is there
20 somebody from the community service boards?

21 Okay. Will you identify yourself and
22 be brief.

23 MS. DALLAS: Yes, very brief. Thank
24 you, Madam Chair, members of the committee.

25 We're just grateful to be here today

1 to help support what Representative Tanner
2 is putting forth. And also want to extend
3 gratitude -- I've met with Representative
4 Tanner twice to talk about House Bill 514.
5 And want to just say that your community
6 service boards are funded for a very, very
7 important population. Sometimes I think we
8 forget the specifics of that population.

9 When we look at the prevalence and
10 the population that we serve, it is a small
11 percentage of individuals, Georgians with
12 mental illness, substance abuse, behavioral
13 health conditions. And we are absolutely
14 supportive of any type of reform which
15 increases access in greater comprehensive
16 services for individuals with behavioral
17 health disorders.

18 We see our General Assembly -- our
19 members of our General Assembly as key
20 strategic partners in this. We see other
21 providers as key strategic partners. And
22 we just ask that as we go forward and look
23 at this, that we think about some of the
24 innovation that is actually happening
25 currently and that represents our

1 communities and the needs in our
2 communities.

3 So we really would like to engage in
4 as we see you as strategic partners, we
5 also hope that you view us as strategic
6 partners as this bill and reform about the
7 Behavioral Health System in Georgia starts
8 to take shape.

9 Thank you for your time. I want to
10 be very respectful of everything that
11 you've got on your agenda today.

12 MADAM CHAIR: And you are with whom?

13 MS. DALLAS: I am Melanie Dallas.
14 I'm the CEO for Highland Rivers Health. We
15 are the community service board that is in
16 northwest Georgia. We serve 11 counties.
17 We have about 18,000 individuals that we
18 serve annually up there.

19 MADAM CHAIR: Okay.

20 Representative Tanner, is this the
21 version that I gave you yesterday?

22 REPRESENTATIVE TANNER: The one that
23 I'm reading from is the version that you
24 gave me yesterday.

25 MADAM CHAIR: Okay.

1 REPRESENTATIVE TANNER: It's the one
2 that -- the original one only had 21. This
3 one has 23. So this is the one you
4 changed.

5 MADAM CHAIR: Okay. I can't -- I
6 think we're missing a page.

7 REPRESENTATIVE TANNER: It has --
8 number 45 has a representative from the
9 Urban Community Service Board and 46 has
10 the representative from the Rural Community
11 Service Board.

12 MADAM CHAIR: All right. We're
13 missing a board -- a page. We're missing a
14 page on this. That's why I couldn't find
15 it.

16 REPRESENTATIVE TANNER: Mine is five
17 pages. I may have the full copy.

18 MADAM CHAIR: We're missing a page.
19 Okay. This is what happens when we're down
20 to the last wire and things happen in a
21 hurry.

22 (Off-the-record comments)

23 (Upon resuming)

24 MADAM CHAIR: Okay. Hold on for just
25 a second. Hold on just a second.

1 If you're finished -- and who were
2 you with?

3 MS. DALLAS: I'm with Highland Rivers
4 Health. I'm one of the CSBs in northwest
5 Georgia and I'm happy to answer any
6 questions if there are any.

7 MADAM CHAIR: Is there any questions
8 for the presenter?

9 No. Okay. What we're going to do is
10 -- Representative Tanner, we're going to
11 get the copies so the members can see them.
12 You can go. I'll call for a vote.

13 REPRESENTATIVE TANNER: Okay.

14 MADAM CHAIR: All right. And at a
15 later time so we'll get copies for
16 everybody and we can look at that page.

17 I'll tell you what's in the back --
18 the main thing on the page is it listed out
19 who would be the members on the commission.
20 And, you know, who is going to be on that
21 commission. So I think you need to see it
22 before we vote on it and I apologize for
23 the thing.

24 We have -- legislative council has
25 worked themselves to death getting out last

1 minute substitutes for bills and so I
2 appreciate what's going on.

3 All right. So we'll put that one on
4 hold and I would ask the committee to just
5 let me make that as a chair decision
6 without having to say we have to put it on
7 the table and move it back out again.

8 All right. Let's go.

9 Representative Dempsey, House Bill
10 578.

11 Would you please check how many pages
12 are we supposed to have? Let's make sure
13 we -- I have seven on mine. Is that
14 correct?

15 REPRESENTATIVE DEMPSEY: That is
16 correct.

17 MADAM CHAIR: And it's LC 289312ER?

18 REPRESENTATIVE DEMPSEY: That's
19 right.

20 MADAM CHAIR: Okay. Go ahead.

21 REPRESENTATIVE DEMPSEY: That is so
22 right.

23 This is a bill that came in -- and I
24 apologize. It did come in very last
25 minute. But it deals with a very important

1 measure.

2 I'm going to try to stay back from it
3 because I had hear it vibrating.

4 So this deals with a challenge that
5 the Department of Human Services facing
6 that contractors who receive conviction
7 data on volunteer students, interns needs
8 to be used. And right now, they are not
9 able to do that.

10 Currently, the statute allows for
11 fingerprint-based background checks of
12 final selectees for employment for the
13 Department of Human Services. So those who
14 handle our elder care, DFACS, many of the
15 issues that are private and that we need to
16 make sure that those who see any records
17 actually do not have a criminal background
18 at all.

19 So those who provide direct care
20 treatment and custodial responsibility or
21 any combination of those issues, the
22 statute has not been updated to keep pace
23 with the Department's need to ensure that
24 anyone working on those services has
25 actually got a clean criminal background

1 check.

2 So this will allow them to fully vet
3 through fingerprinting-based background
4 checks and make sure that we have
5 appropriate people looking out for those
6 who are some of our most fragile Georgians.

7 MADAM CHAIR: All right.

8 Representative Petrea.

9 REPRESENTATIVE PETREA: Thank you,
10 Madam Chair. I'm down here.

11 MADAM CHAIR: Okay.

12 REPRESENTATIVE PETREA: Thank you,
13 Representative Dempsey.

14 Just a quick question. So this would
15 -- this bill would hold volunteers,
16 interns, students, et cetera to the same
17 standards we did in Senate Bill 406 last
18 year with fingerprinting requirements?

19 REPRESENTATIVE DEMPSEY: I'm not sure
20 about 406 --

21 REPRESENTATIVE PETREA: Is that true?

22 REPRESENTATIVE DEMPSEY: -- the
23 numbers right now at this point.

24 REPRESENTATIVE PETREA: The
25 fingerprinting bill we had last year, would

1 it be -- would this be consistent with
2 that?

3 REPRESENTATIVE DEMPSEY: It follows
4 that everyone who had access to any of
5 those records or are actually delivering
6 services is fully vetted and we are sure of
7 that. Not just an employee.

8 REPRESENTATIVE PETREA: Got you.
9 Thank you.

10 REPRESENTATIVE DEMPSEY: And it has
11 come as a request from the Department.

12 MADAM CHAIR: Other questions from
13 the committee?

14 Okay. Representative Demetrius.

15 REPRESENTATIVE DEMETRIUS: Thank you,
16 Madam Chair.

17 Madam Chairwoman, I love this bill or
18 resolution. I have one little small
19 question.

20 With the people that's already there
21 in the facilities -- I know this is for new
22 hires. Would the same thing apply to the
23 people that's already working in that
24 capacity right now?

25 REPRESENTATIVE DEMPSEY: So right

1 now, the statute allows for
2 fingerprint-based background checks on
3 final selectees of employment. So they are
4 under that right now. It is making sure
5 that sort of those axillary employees that
6 are there are also fully vetted.

7 REPRESENTATIVE DEMETRIUS: Okay.
8 Thank you.

9 At the appropriate time, Madam Chair?

10 MADAM CHAIR: Okay. At the
11 appropriate time.

12 Okay. We have representatives from
13 the Department. Would y'all like to --

14 UNIDENTIFIED SPEAKER: We're just
15 here to support the representative from
16 DFACS.

17 MADAM CHAIR: Okay. So the
18 Department is in favor of the bill?

19 UNIDENTIFIED SPEAKER: Yes.

20 MADAM CHAIR: Okay. Any other
21 questions from the committee? Anyone else
22 that's here that wanted to speak on this
23 bill?

24 Okay. All right. Then what is the
25 Committee's pleasure?

1 Representative Demetrius? Sorry.

2 Douglas. I call you Demetrius all the time
3 and I apologize.

4 Representative Douglas.

5 REPRESENTATIVE DOUGLAS: I'd like to
6 make a motion that we do pass on House
7 Resolution 421.

8 MADAM CHAIR: We have a do pass and a
9 second.

10 Any other discussion?

11 All right. Everyone in favor of the
12 passage of House Bill 578, say aye.

13 Anyone opposed, no.

14 The ayes have it, Representative
15 Dempsey.

16 REPRESENTATIVE DEMPSEY: Thank you.

17 MADAM CHAIR: Okay. Do you have
18 another bill?

19 REPRESENTATIVE DEMPSEY: I do. I
20 have a House Resolution to put forward a
21 joint study committee. This is House
22 Resolution 421.

23 As we look at so much on mental
24 health -- and I know that this committee is
25 so engaged and care so much about it, one

1 of the particular areas that we have not
2 really focused on is that very beginning,
3 the intervention point that we really need
4 to focus on to deal with the realities of
5 some of the effects that come from not
6 catching an issue early.

7 So this is a joint study committee
8 focused on infant and toddler social and
9 emotional health. It is laid out very
10 clearly in here recognizing -- and I've had
11 several members ask me as this began to
12 sort of bubble up, what can you do with an
13 infant or toddler.

14 Well, there is a lot. There is Fetal
15 Alcohol Syndrome that we know will probably
16 produce effects later. There is early,
17 early intervention now in the realm of
18 autism and on the spectrum on eye movement
19 and lack thereof to follow. There are a
20 lot of windows to look into and to try to
21 diagnose early and to try to help those
22 children have the best opportunities later
23 in life.

24 There are also the issues of maternal
25 health that come into play. If you do not

1 have a healthy mother, it's very hard for
2 that mom who is perhaps out of balance and
3 not being treated for that to not really
4 provide the best environment for the child
5 to begin its early life experiences.

6 So those are some of the issues, I
7 think to look at. It will be a joint House
8 and Study Committee. It lays out very
9 clearly -- if you start looking at line 37,
10 talks about three members of the House,
11 three from the Senate, a representative
12 from Behavioral Health and Development on
13 Disabilities, Department of Early Care and
14 Learning, Department of Public Health,
15 Voices for Georgia's Children, and GEARS,
16 Georgia's Early Educational Reliance for
17 Ready Students, as well as one
18 representative from the Georgia Chapter of
19 the American Academy of Pediatrics.

20 So it is dealing with that earliest
21 most important window of time and I would
22 ask for y'all -- if there are any
23 questions, of course, I want to take them.
24 But I would ask for your support. This is
25 a great opportunity I think we have.

1 MADAM CHAIR: Representative Newton.

2 REPRESENTATIVE NEWTON: Thank you,
3 Chairman. I really appreciate you bringing
4 this. I know the previous governor and
5 first lady worked hard on that third grade
6 reading and realizing that was a key
7 predictor in success in the -- both in high
8 school and beyond, career academy or
9 wherever.

10 I appreciate you bringing that back
11 to the infants that are in our care. We're
12 even talking about reading and all the
13 different studies that are coming out
14 realizing how crucial that is. But I
15 really appreciate you bringing this bill
16 and look forward to supporting it.

17 MADAM CHAIR: Are there other
18 questions for the Chairman, Chairman
19 Dempsey?

20 Okay. Is there anybody in the
21 audience that wants to speak on this bill?

22 All right. Seeing no one, what is
23 the will of the committee?

24 Okay. I have a motion to move.

25 Do I have a second?

1 Motion to second.

2 Is there any further discussion?

3 Okay. Hearing no further discussion,
4 everybody in favor of the passage of House
5 Resolution 421 say aye.

6 Everyone opposed, no.

7 And, Representative Dempsey, I hope
8 we got to you quick enough. I know you
9 have other meetings.

10 Did we make it quick enough for you
11 to hit the other meetings okay?

12 Thank you.

13 All right.

14 We're waiting on Representative
15 Tanner's. Okay. We'll move on that when
16 we get it.

17 Okay. Representative Setzler. Let's
18 move on. You have 20 minutes.

19 I hate that you only have 20 minutes
20 because I know you're passionate about this
21 issue, but this time I'll have to ask you
22 to be succinct.

23 REPRESENTATIVE SETZLER: Thank you.

24 Ladies and gentlemen of the
25 committee, it's an honor to come before you

1 today. This is an important matter and
2 that's why we bring it before you.

3 MADAM CHAIR: And it is House bill
4 and what is -- what are we working off of?

5 REPRESENTATIVE SETZLER: We are
6 working off House Bill 481. There is a
7 committee substitute, LC 41 1938 ERS.

8 I'll highlight the difference in the
9 substitute and the original bill. And
10 Madam Chair, the original bill clearly was
11 my policy objective. I think the
12 substitute was -- is being offered at the
13 request of others that care about this
14 issue deeply and want us to get to a
15 consensus so we can move on this --

16 MADAM CHAIR: Well, I know there's
17 been a little confusion. So this is your
18 bill and the one that Representative Lott
19 is going to present is the Governor's bill.
20 Correct? That's my understanding.

21 REPRESENTATIVE SETZLER: We have
22 moved forward with this language and with
23 the bill. Our Governor is supportive of
24 the concept. And I don't want to speak for
25 him, but this was -- one of the reasons

1 it's HB 481 is we're waiting for consensus
2 language that the Governor is comfortable
3 with. So I know we have support from him
4 on this bill.

5 MADAM CHAIR: Okay. But this is your
6 bill to start with.

7 REPRESENTATIVE SETZLER: Yes. Thank
8 you. That's why I'm head sponsor. Thank
9 you.

10 MADAM CHAIR: Okay.

11 REPRESENTATIVE SETZLER: Madam Chair,
12 members of the committee. Again, it's an
13 honor to come before you today with HB 481.
14 I want to say before we start this, this is
15 a proposition that I believe we all
16 understand is very important.

17 It's a bill that is medically sound,
18 legally sound, and from the perspective of
19 common sense Georgians, something I think
20 we can coalesce around and strongly
21 support.

22 On a Wednesday afternoon in March of
23 1970, a 20-year old mother, single college
24 student here in Atlanta gave birth to a
25 young child in eye shot of where we're

1 sitting at Grady Hospital.

2 On March 18th of 1970, that 20-year
3 old single mom was under a circumstance
4 where abortion wasn't free and easy like it
5 is today. And it is no -- it was no less
6 serious of an issue then than it is now.
7 It's a timeless issue.

8 As we go back really into the ancient
9 times, we see this issue of abortion was
10 something that medically was unacceptable;
11 even outside of the Christian world.

12 And that young mother as she gave
13 birth to me, as a 20-year old single mom,
14 laid the groundwork for my understanding of
15 this issue and it's something that I've
16 never been able to forget because on that
17 Wednesday afternoon when I was born at
18 Grady Hospital about a mile from here, that
19 20-year old college student from here in
20 Atlanta.

21 Seven days later -- seven days later
22 on March 25th, 1970, another mother,
23 married but in financial difficulties went
24 into Grady Hospital to pursue an abortion
25 and led to the series of circumstances

1 which led to the Doe v Bolton Case. That
2 was the plant of the Doe v Bolton Case,
3 seven days after I was born. Same
4 hospital, Grady Hospital, a mile from where
5 we're sitting.

6 This is deeply personal to me as I
7 know that it is to many of you. We know
8 that the Roe v Wade decision, which also
9 came in 1973 came out of Texas, but the Doe
10 v Bolton decision came out of Grady
11 Hospital less than a mile of where we're
12 sitting right now. Those two cases
13 together became -- set in action a series
14 of events that led to the structure we have
15 today and have had over the last 46 years
16 with respect to how abortion is treated in
17 this nation.

18 I bring this to you with great
19 humility because this is a serious policy
20 and something I think we need to talk about
21 and I'm proposing HB 481 because it's
22 deeply important to Georgians.

23 I bring it to you today because I
24 believe it's medically sound, I believe
25 it's legally sound. And I believe from the

1 common sense of Georgians, they recognize
2 that science tells us that a living
3 distinct whole human being in the womb with
4 a heartbeat is worthy of protection.

5 We can debate matters of many things
6 in this legislature. Many of us share
7 different governing philosophies from the
8 size, scope and scale of government in
9 American life. But one thing the General
10 Assembly recognizes is that human life is
11 precious. Human life is deeply precious
12 and that a child with a beating heart
13 inside their mother is worthy of full legal
14 protections. That's what this bill does.

15 Let's walk through this. And if I
16 could please the Chair and members of the
17 committee, I'm going to walk through the
18 bill. I do want to talk through a couple
19 of things to outline to you how this is
20 medically sound and legally sound, and I
21 believe from a moral and common sense
22 perspective sound. That's why I bring it
23 to you.

24 This isn't about politics. This does
25 nothing for me politically. It's not

1 pushed on me by any organization. It's
2 something I've wanted to do for 13 years,
3 but I believe now is the time.

4 We see other states have taken a
5 stance that human being's lives can be torn
6 asunder from their mothers at 38, 39, 40
7 weeks gestation age right before they're
8 born. I think the American people were
9 woken up by that and recognized life in the
10 womb is sacred and worthy of full legal
11 protections.

12 What this does is it draws the line
13 that when there is a beating heart, when
14 there is a human heart being inside of a
15 mother, that's a human being that's worthy
16 of protection. And the privacy interest of
17 the mother which we recognize and respect,
18 and the life interest of the child -- as
19 those two things interact, this life
20 interest that we know begins at conception
21 and this privacy interest of the mother, as
22 those two things intersect, let's please
23 come to consensus in HB 481 that as those
24 two -- as the privacy interest of the
25 mother and the life interest of the child,

1 as they intersect, let's please come to
2 consensus that the point of a viable
3 pregnancy, the human heartbeat is a point
4 we can all agree -- people of both parties,
5 life is worthy of protection.

6 Madam Chair, members of the
7 committee, if I could point you to Section
8 1.2, page two of the substitute, we have
9 three pages of legislative findings because
10 this is not something that's been
11 unconsidered. There's been -- I've worked
12 with a number of people who understand very
13 deeply legally and medically the
14 significance of this.

15 And we recognize that what we're
16 talking about here is 14th Amendment
17 protection. Equal protections under the
18 law for living, distinct and whole human
19 beings in the womb.

20 And we recognize as the 14th
21 Amendment was passed in 1868, it was passed
22 for one reason. It was passed to give
23 equal protections under the law to entire
24 classes of persons who have never been
25 recognized as people. The 14th Amendment

1 was passed in 1868 to give full legal
2 recognition to entire classes of persons
3 that had never been given full legal
4 recognition.

5 That's exactly what we're doing here.
6 There is an entire class of people. We
7 know that from the point of a beating
8 heart, you have a living, distinct and
9 whole human being in the womb that's worthy
10 of full legal protection.

11 So we're walking in the tradition
12 that was set forth in the 14th Amendment
13 when it was passed over 150 years ago.

14 As we walk through this, you can see
15 that we recognize the children in the womb
16 are living and distinct. They have their
17 own blood types, they have their own DNA,
18 they have their own organ systems,
19 fingerprints and unique generic
20 characteristics unique from their parents.

21 We also know that as you see down in
22 Subsection 5, *Pruneyard v Robins*, a
23 California case from 1980, recognizes that
24 when states act to expand fundamental
25 rights more generously than the federal

1 government requires, the minimum standard,
2 those are recognized.

3 You know, if you think back to the
4 same sex marriage debate, the State of
5 Massachusetts recognized the franchise of
6 marriage more expansively in Massachusetts
7 than the minimum requirement of federal
8 law. And the federal law said, okay, we're
9 going to allow Massachusetts to recognize
10 the franchise of marriage more expansively
11 than a minimum standard required by federal
12 law.

13 This is walking that same tradition.
14 We, as a state, recognize Fourth Amendment
15 privacy more expansively than the minimum
16 standards required under federal law. The
17 Fourth Amendment rights against
18 unreasonable search and seizure in Georgia
19 is more expansive, has -- recognizes one's
20 privacy against search and seizure more
21 expansively than federal law requires. We
22 do that as states.

23 What this bill is doing is
24 recognizing the life interest of the child.
25 Recognizing the humanity of the child in

1 the womb as a human being more expansive
2 than the minimum standard that the federal
3 government mandates us to do.

4 And we find this case, *Pruneyard v*
5 *Robins of California*, as you study the
6 case, the same thing happened. There was a
7 federal court case that says Californian's
8 don't have this right naturally. The
9 legislature acted and then after that
10 legislative action, the U. S. Supreme Court
11 recognized, okay, now this interest that
12 California has affirmed by law is now
13 recognized because it's more expansive than
14 the requirement of federal law and it was
15 recognized in a very, very similar and
16 interesting parallel case. I laid that out
17 here on page one.

18 I'm not going to spend too much time
19 in these legislative findings, but I do
20 want to highlight that the American College
21 of Obstetrics and Gynecology recognizes
22 there is one threshold for the standard of
23 a viable pregnancy. The key threshold for
24 viability of pregnancy -- there are some
25 others, but the key threshold is the

1 presence of a heartbeat. You have a viable
2 pregnancy when a heartbeat is present.

3 So we see medically that the
4 threshold for viability is pregnancy. We
5 see under the Uniform Determination of
6 Death Act, a 40-year old law that applies
7 in almost all the states, the standard for
8 when someone's life is over is they don't
9 have a heartbeat, they don't have brain
10 activity and they have no respiratory
11 activity.

12 If any one of those three exist
13 without life support, the person is alive.
14 So throughout life, we recognize that if
15 there is the presence of a heartbeat,
16 medically the person is alive. They're not
17 dead.

18 Why wouldn't we apply that in the
19 womb? Of course, we would. Common sense
20 tells us that we should and that's what HB
21 481 does.

22 MADAM CHAIR: Representative, you
23 have a little less than 10 minutes left.

24 REPRESENTATIVE SETZLER: Thank you,
25 Madam Chair.

1 MADAM CHAIR: I want you to walk
2 through the bill since this is a substitute
3 that I got less than an hour before this
4 meeting.

5 REPRESENTATIVE SETZLER: I'll
6 highlight the six or seven lines that are
7 different, Madam Chair. I'll be glad to do
8 that. Thank you.

9 MADAM CHAIR: You need to walk it
10 through with what the bill does.

11 REPRESENTATIVE SETZLER: So as we lay
12 that groundwork medically and legally, we
13 recognize this is sound proposition.

14 Ladies and gentlemen, if I could have
15 you -- draw your attention to page five of
16 the bill, the bill doesn't make that many
17 changes to the structure of our existing
18 abortion law. One thing that it does do is
19 we recognize the humanity of the child in
20 the womb. We recognize that there are
21 certain practical considerations we want to
22 take into account.

23 Many things that we do as a state
24 with respect to population counts track
25 against the United States Census Standards.

1 They are promulgated and pushed and they
2 are subject to federal law. Our elections
3 and all those kind of things, all of the
4 population that drives all those things are
5 all driven by the United States Census
6 Bureau.

7 But there are some state formulas
8 though that we maintain and we recognize
9 through a few of our agencies -- we could
10 have a discussion about some of the details
11 -- there are state-wide population counts
12 that we do that are not subject to census
13 data.

14 For example, the disproportionate
15 share of hospitals. You know, the head
16 counts that apply through our indigent care
17 trust fund, there's a head count that
18 applies that's state specific. It's not
19 purely tied to census data.

20 But what this allows you to do is it
21 recognizes that the state, in making some
22 determinations about how we count people,
23 you think about the unborn children are
24 part of the medical system, it allows us --
25 it may only have a half percentage or less

1 than one percent impact on those numbers,
2 but allow -- this is permissive to allow
3 the state to take children in the womb into
4 account in these kind of state-wide
5 population counts.

6 Practical matter, simple matter,
7 doesn't cost us dollars. But it also
8 recognizes the value of the child.

9 Madam Chair, the operative part of
10 this bill aside from those administrative
11 portions, lines 151 through 166. 151
12 through 163 don't change at all. It simply
13 provides that no abortions are authorized
14 or shall be performed unless -- on an
15 unborn child unless there's the presence --
16 if the presence of a human heartbeat has
17 been determined.

18 For members who are new to the
19 Legislature, one thing we do, we try to
20 provide very broad berth to the medical
21 profession here in the state. This bill
22 does not prescribe a medical standard of
23 care. This does not tell doctors what kind
24 of ultrasound they would use to make these
25 determinations. It doesn't distinguish

1 between doppler ultrasound or
2 transabdominal. We don't get into --
3 because doctors are trusted to operate
4 within their standard of care to make these
5 determinations.

6 But it does say if there is a
7 detectable heartbeat, the child has a
8 beating heart, you can't take the child's
9 life through abortion. The rest of it is
10 handed over to the doctor to be able to
11 manage within the medical standard of care.
12 We don't try to dictate doctor's operations
13 from the Legislature and I would never try
14 to put that into a bill.

15 So if there is questions about
16 details, as we walk through this, the
17 medical standard of care defines these
18 things and I think we'd do well to trust
19 our doctors to do that.

20 Madam Chair, one change I'll
21 highlight to members, lines 164 through
22 166. While I recognize all life is
23 precious and the manner of conception has
24 nothing to do with the value of a human
25 life. The manner of conception has nothing

1 to do with the value of a human life.

2 I had a number of members come to me
3 and say, Representative SETZLER, this is
4 important. This is an important matter.
5 We need to act on this this year and move
6 on this legislatively. And they came to me
7 and they asked for this exception that in
8 essence provides an exception if the child
9 is conceived in rape or incest, that an
10 abortion wouldn't be prohibited starting at
11 human heartbeat.

12 I have misgivings about that in many
13 ways because I believe those children are
14 just as innocent as others that are
15 conceived intentionally. I was an
16 unplanned pregnancy. I'm not here because
17 my parents planned to have me here. All
18 children have the same value.

19 But as a matter of members coming to
20 me and saying let's get a consensus bill
21 that we can get bipartisan support perhaps
22 in this chamber, I added lines 164 through
23 166 to this bill because some people
24 believe -- members are informed that they
25 believe that rape is an important exception

1 to have in this from heartbeat to our
2 current standard.

3 Madam Chair, really as you look
4 through the bill, everything is really just
5 clean up language. Through page eight,
6 it's just inserting human heartbeat next to
7 the provisions that deal with informed
8 consent for mothers where doctors talk
9 about, you know, the gestational age.

10 Operatively, the next -- the only
11 piece that is operative after that is down
12 on lines 289 through 291. Again, the exact
13 same language that was in the original
14 version and it says that if a child is
15 killed through a wrongful death action,
16 today at about 15 weeks, what is called
17 quickening, a mother can feel the child.
18 After that point, the full value of the
19 life of the child can be brought in a
20 wrongful death suit. In this case, it
21 takes it back to the heartbeat.

22 Again, so our abortion law is
23 consistent with our civil law. It all
24 lines up. It's all consistent and I think
25 that's important to have that level of

1 consistency.

2 The last thing we brought out, Madam
3 Chair, on lines 298 through 300 is
4 something that many members brought to me.
5 In fact, some prominent leaders in our
6 capital asked me to include. It simply
7 says that -- from the perspective of our
8 tax code that if we recognize the humanity
9 of the child in the womb, if mom and dad
10 are pregnant with their first child on
11 December 31st, 2018, that instead of having
12 two family members for their taxes, they
13 have three.

14 And under our tax code, that
15 recognizes the child not just
16 theoretically, not just this -- this bill
17 is not just about abortion. This bill is
18 about recognizing the humanity of the child
19 and that we recognize when people are
20 painting rooms getting ready for children
21 and incurring costs, maybe mom is on
22 bedrest cause she's pregnant, there's a
23 simple provision here that I think is
24 common sense that we can all get behind
25 that if mom and dad are pregnant, that that

1 child should be recognized with their
2 taxes.

3 Very simple proposition that some
4 leaders in the capital brought to me and I
5 think it's appropriate to bring before you,
6 Madam Chair.

7 And then, of course, the last change
8 is just the effective date of January 1st.

9 Some folks in the departments wanted
10 more time to implement this to make sure
11 that everyone is on line before it's
12 implemented. So I moved it from July 1st
13 of 2019 to January 1st, 2020.

14 Be glad to answer questions, Madam
15 Chair.

16 MADAM CHAIR: It's remaining --

17 REPRESENTATIVE SETZLER: Dr. Kathy
18 Aultman is a physician. She's going to
19 speak in the time allocated for speakers.
20 I just wanted her here in case there were
21 some questions. Of course, Ms. Jane
22 Robbins, Attorney, Harvard educated
23 attorney has been involved with us in the
24 process and appreciate her presence in case
25 there are some questions.

1 MADAM CHAIR: Okay. So you're ready
2 for questions?

3 REPRESENTATIVE SETZLER: Yes, ma'am.

4 MADAM CHAIR: Okay. You made it in
5 about 18 minutes, Representative.

6 REPRESENTATIVE SETZLER: What's that?

7 MADAM CHAIR: You made it at about 18
8 minutes. That's a lot shorter than
9 judiciary non-civil subcommittee meetings.

10 REPRESENTATIVE SETZLER: I will
11 forgive the Chair if you say that's
12 uncharacteristic of me.

13 MADAM CHAIR: All right. It's
14 uncharacteristic.

15 Thank you for staying in line.

16 Okay. We do have questions.

17 Representative Mitchell. Pick your
18 best question.

19 REPRESENTATIVE MITCHELL: Chairman
20 Setzler, my good friend. I appreciate your
21 serenity and seriousness that you take this
22 with. We've had many discussions about
23 this.

24 Just a quick question or two, if I
25 may.

1 And that is line 164 through 166,
2 that wasn't based on any science that you
3 put that in there? That's a political
4 consideration that we have there, that's no
5 fault of the -- as you called it, the
6 unborn child, there. But we made a
7 political consideration.

8 REPRESENTATIVE SETZLER: No, I
9 wouldn't say that.

10 REPRESENTATIVE MITCHELL: You would
11 say --

12 REPRESENTATIVE SETZLER: Thank you to
13 my friend. We've been close since I came
14 down here 14 years ago.

15 We recognize children in the womb are
16 living, distinct and whole from conception
17 and their manner of conception has nothing
18 to do with their innocence and their right
19 to life.

20 I think there is such -- it's so
21 important that we act on this. It's so
22 important that we protect children that
23 have heartbeats. We know they're part of
24 the human community. I think common sense
25 tells us that. Medical science tells us

1 that.

2 As people came to me and said, you
3 know, the emotional complexity and the
4 difficulty of this rape question makes it
5 very difficult for me to support this even
6 though I know it's so important and people
7 were sort of tortured over this issue. And
8 I don't want to be in a place where this
9 becomes a divider.

10 I don't want to be in a place where
11 this bill is one that has people sort of
12 torn apart in their handling of it. And I
13 felt like this is something that although
14 we know these children are as innocent as
15 others, we could get broad consensus
16 around. It's -- but I wouldn't call that a
17 political consideration.

18 MADAM CHAIR: Representative, don't
19 make me go back on your uncharacteristic
20 thing. If you'll make your answers
21 succinct.

22 And if you will -- all the committee
23 members will make their questions succinct
24 because my board is lighting up.

25 REPRESENTATIVE MITCHELL: Chairman

1 Setzler, your bill does not outlaw
2 abortions nationwide or worldwide. Just in
3 the state which would inevitably create
4 those who have the resources to go other
5 places and other countries, could make
6 themselves -- avail themselves to licensed
7 professionals and good facilities, whereas
8 those without resources would avail
9 themselves to not credible places.

10 REPRESENTATIVE SETZLER:

11 Representative Mitchell, if you and I could
12 work together to enact protection for
13 children with human heartbeats in every
14 state, I would ask you to join me. I'd
15 like to lead in Georgia and then I'd like
16 to have you join me on a nationwide effort
17 to make that happen because I think it's
18 very important to do that.

19 REPRESENTATIVE MITCHELL: How do you
20 feel about the death penalty?

21 MADAM CHAIR: Representative
22 Mitchell, let's stay on issue.

23 REPRESENTATIVE SETZLER: I will tell
24 you --

25 MADAM CHAIR: Wait, wait, wait.

1 REPRESENTATIVE SETZLER: Madam --

2 MADAM CHAIR: No, we're not going
3 there. That's a different issue. You
4 bring a different bill and see if it comes
5 to my committee. I figure it probably
6 would go to judiciary, your committee.

7 Representative Petrea.

8 REPRESENTATIVE PETREA: Thank you,
9 Madam Chair.

10 Thank you, Representative SETZLER. I
11 just want to try to encapsulate -- make
12 sure I've got it right. So currently, the
13 standard in Georgia, if you look, is
14 basically 20 weeks and the current statute
15 and the current language in this bill --
16 I'm going to get to it here -- the current
17 language is 20 weeks or less, right, that
18 abortion is available.

19 And so this fetal heartbeat bill
20 would basically make it plus or minus six
21 weeks. Is that customary, about six weeks
22 for a heartbeat of a child?

23 REPRESENTATIVE SETZLER: Yes. Six
24 weeks gestational age is the -- is
25 approximately when science tells us the

1 heartbeat begins. And 20 weeks is the
2 standard now.

3 And by the way, at 20 weeks, there is
4 no exception for rape. It is a pure
5 recognition of the value of that child and
6 their life.

7 REPRESENTATIVE PETREA: And that was
8 where I was leading. So the exceptions are
9 going to be new to the statute all
10 together, that we've added exceptions for
11 here, rape, life of the mother and incest
12 -- or rape and incest, which are both rape,
13 are new.

14 And so I want to make sure I
15 understand -- but this does nothing to
16 encumber the availability of whatever
17 resources a woman might have prior to the
18 heartbeat of a child in the womb.

19 REPRESENTATIVE SETZLER: No, sir.
20 Again -- I appreciate the gentleman's
21 question. We know that life begins at
22 conception. You have a living distinct
23 human being at conception. And I believe
24 that's that -- and they're worthy of full
25 legal protection.

1 I think from the standpoint of
2 looking at what is legally sound and what I
3 think we can get common sense support to
4 recognize is surely, certainly we can agree
5 that with a human heartbeat, we recognize
6 -- I mean, I believe strongly at conception
7 that all children -- no matter whether
8 they're conceived through rape or in a
9 loving family -- are worthy of full legal
10 -- I'll say that and I'll say it again and
11 again and again. But, certainly, we can
12 come together and recognize that if there's
13 a human heartbeat, that child is worthy of
14 protection.

15 REPRESENTATIVE PETREA: Thank you,
16 sir.

17 MADAM CHAIR: Representative Newton.

18 REPRESENTATIVE NEWTON: Thank you,
19 Madam Chair.

20 To the bill sponsor, I so appreciate
21 this bill in so many ways.

22 As an emergency physician, I
23 frequently take care of pregnant women and
24 there's two lives involved and we do our
25 best to take care of them.

1 One of the first things we do often
2 is an ultrasound, as you've mentioned. And
3 in that ultrasound, two of the things come
4 back: The estimated age and the heart
5 rate. It is a key thing and I get to go
6 back in to some families and have to give
7 bad news that there is no heartbeat and
8 that things are not going well. And I've
9 cried with people with that. I get to
10 reassure others with the fact that that
11 heartbeat is a sign of life.

12 I do that at all extremes and I
13 appreciate -- for the elderly, we look at
14 that. We try to revive someone. The way
15 we can tell if it works or not, we get a
16 heartbeat. Everyone knows a flat line, a
17 lack of a heartbeat which that represents
18 is a crucial distinction.

19 I appreciate the wisdom to go into
20 this and recognize that the presence of a
21 heartbeat is not a new idea with that
22 equating to life and that you've done a
23 great job with this. I appreciate it.

24 REPRESENTATIVE SETZLER: Thank you.

25 MADAM CHAIR: All right. Can we

1 leave our things to questions, please,
2 since we are on a time schedule.

3 Representative Hutchinson.

4 REPRESENTATIVE HUTCHINSON: Thank
5 you, Madam Chair.

6 I have a question on line 40, Section
7 1.2 where you say -- you talk about early
8 infants in the womb. I'm not familiar with
9 this term. Can you define that because I
10 think it would make a difference when you
11 start talking about fingerprints and
12 distinct organ systems. So can you define
13 early infants in the womb?

14 REPRESENTATIVE SETZLER: Yeah. Thank
15 you for the question. Again, Section 1.2,
16 as you know, is legislative findings. It's
17 -- but I think it's important to
18 understand, you know, we're talking about
19 infants. We're talking about children that
20 have their own organ systems. We have
21 children that have their own DNA, their own
22 -- and so forth.

23 And I think it's clear to use words
24 that mean something. I think the child in
25 the womb is an infant. They're a -- in

1 fact, children that are growing from, you
2 know, spend probably half their time in the
3 womb, they could live outside or live
4 inside the womb. We know these are
5 infants.

6 We simply use the word early infant
7 as a -- as sort of a general term to talk
8 about what we recognize. The child in the
9 womb is not something else. It's not
10 other. It's a human and -- but they're
11 early in their development. I think that's
12 our intention of just recognizing it that
13 way.

14 REPRESENTATIVE HUTCHINSON: I think
15 your answer confused me more actually.

16 So an early infant in the womb, you
17 said can be sustained outside of the womb.
18 Correct? That's what you just said?

19 REPRESENTATIVE SETZLER: What I'm
20 telling you is when you think about a --
21 let's take, for example, some of the
22 horrific legislation we've seen in other
23 states --

24 MADAM CHAIR: Succinct.

25 REPRESENTATIVE SETZLER: Succinct.

1 REPRESENTATIVE HUTCHINSON: Is there
2 a definition like --

3 REPRESENTATIVE SETZLER: Early
4 infants is infants in their early stages of
5 development.

6 REPRESENTATIVE HUTCHINSON: So a six
7 week old can be an early infant?

8 MADAM CHAIR: Is that correct?

9 REPRESENTATIVE SETZLER: Yeah.

10 MADAM CHAIR: Aren't they embryonic
11 at that time because if they're in that
12 position, they're called embryos at the
13 time. Or embryonic stage because --

14 REPRESENTATIVE HUTCHINSON: Because
15 at six weeks, they don't have fingerprints.

16 REPRESENTATIVE SETZLER: I'm sorry?

17 REPRESENTATIVE HUTCHINSON: At six
18 weeks, they do not have fingerprints.

19 REPRESENTATIVE SETZLER: No, but
20 they're -- they are developing --

21 MADAM CHAIR: Okay. Wait a minute.
22 Wait a minute. Wait a minute. We are not
23 going to have that.

24 If we have this kind of thing from
25 the audience, I'm sorry, I will ask that

1 the officers remove you. I don't want to
2 do that, but I will do that.

3 Okay.

4 REPRESENTATIVE SETZLER: Thank you
5 for the question.

6 We recognize that children in the
7 womb are in biological development from six
8 weeks -- or even earlier. All they need is
9 nourishment and a safe place to live and
10 they're going to grow to ripe old
11 adulthood.

12 The fact that morphologically certain
13 organs have not grown or their arms aren't
14 as visible doesn't change the fact they're
15 living and distinct as human beings.

16 If the lady would like to make an
17 amendment to clarify that language, I would
18 welcome it.

19 REPRESENTATIVE HUTCHINSON: Well, as
20 written, an early infant in the womb at six
21 weeks does not have any of these things:
22 Unique fingerprints or -- they may have
23 genetics, but this would be incorrect is
24 what I'm saying.

25 REPRESENTATIVE SETZLER: Children

1 develop in the womb -- before children are
2 born and they come out the birth canal,
3 they have fingerprints. All their organ
4 systems are formed. Their bones are
5 formed. They have brain activity. They
6 feel pain.

7 I won't be able to show a video today
8 that shows infants inside reacting to
9 stimuli, but we recognize that's true.
10 This is simply stating that basic fact we
11 would all recognize.

12 MADAM CHAIR: Go ahead.

13 REPRESENTATIVE HUTCHINSON: So if
14 early infants in the womb at six weeks
15 gestational age do not have unique
16 fingerprints, so it's like the basis of
17 what you're saying is flawed. So I'm
18 having a difficult time following that.

19 MADAM CHAIR: Thank you. I'm going
20 to move on. Hold that.

21 Representative Schofield.

22 REPRESENTATIVE SCHOFIELD: Thank you,
23 Madam Chair. And I do realize this is a
24 very -- you're very passionate about that.
25 But so am I as a mom.

1 How many times have you actually
2 carried a baby?

3 REPRESENTATIVE SETZLER: As a male, I
4 could talk about my wife's miscarriages, I
5 could talk about the kids we've had. We've
6 been blessed with four, but we've had more.
7 We've lost some. So that's --

8 REPRESENTATIVE SCHOFIELD: And that
9 was a decision that you and your wife made,
10 correctly -- am I correct?

11 REPRESENTATIVE SETZLER: I mean, we
12 could speculate whether all the children
13 came on order or whether it was through the
14 magic of being married, things happened.

15 REPRESENTATIVE SCHOFIELD: But you
16 had the conversation as to what was going
17 on with her body, was between you and her.
18 You didn't come and ask the body to vote
19 and to intervene with those.

20 REPRESENTATIVE SETZLER: I will tell
21 you with all of our children, we recognized
22 that when my wife became pregnant, we had a
23 living distinct child under our care that
24 had the same value as a child that was out
25 to here when she was extremely pregnant or

1 that was in the hospital with us after
2 birthing that we have in high school.

3 I would tell you in some ways, they
4 probably felt more like human beings in the
5 womb than they do as 20 year olds. But,
6 you know, I think we both saw the value of
7 the child with great care as soon as she
8 became pregnant.

9 REPRESENTATIVE SCHOFIELD: Thank you.
10 Just two more quick ones.

11 While I respect that, what I'm just
12 struggling with is the right for you to
13 tell a woman what to do and how to do it.

14 But on that note, I want to move to
15 the bill. So I have a question about the
16 physical -- you know, is there -- and you
17 talked about the tax codes and the
18 consensus -- the census. So I just really
19 wanted to know if we have a physical note
20 since we're going to claim this fetus on
21 our tax returns or do I have to change my
22 withholdings if there are -- if I lose a
23 child or there's a miscarriage or something
24 like that, am I going to be found guilty of
25 tax fraud for not reporting --

1 REPRESENTATIVE SETZLER: No, no.

2 Appreciate the question.

3 There are tragedies that happen among
4 us. If a family had a six month old child
5 that mom delivered six months ago and by
6 some tragedy, they lose the child, the last
7 thing they're thinking about is the tax
8 status to be sure. I think we can agree on
9 that.

10 But if you have a child over the
11 course of a tax year, let's say -- heaven
12 forbid that happened in 2018, someone lost
13 a child in July of '18 who was six months
14 old. Mom, dad, the child. They would have
15 three write-offs for their taxes for the
16 year 2018 because they had a child during
17 that year.

18 All we're saying is if a child is in
19 the womb, we recognize the humanity of the
20 child. They would have a write-off if the
21 child is eight months in utero or eight
22 months --

23 MADAM CHAIR: Okay.

24 REPRESENTATIVE SETZLER: -- it would
25 be treated the same way.

1 MADAM CHAIR: Okay. Representative,
2 I do have a question about that. Having
3 gotten this bill late in the session, I
4 didn't have a chance to ask for a physical
5 note because it takes much longer. But,
6 you know, how does someone -- I mean, since
7 a lot of people don't know they're pregnant
8 until well into, you know, eight to 10
9 weeks and sometimes the first trimester, if
10 their menstrual periods are very un-regular
11 and they miss them for several months, they
12 really don't have any way of knowing.

13 And so people hate paying income tax
14 and how would the state have a way of
15 verifying about a pregnancy that early on?
16 I'm just asking how you think we would
17 verify this. Or if this part of the law is
18 enforceable? I'm asking for clarification.

19 REPRESENTATIVE SETZLER: Thank you
20 for the question, Madam Chair.

21 The same way if a young woman wants
22 to apply for Medicaid, she can't just take
23 the pregnancy test that you get at the drug
24 store. She has to go down and have a
25 medically verified pregnancy test. When

1 the medically verified pregnancy test
2 happens, then you're able to apply for
3 Medicaid if you need services. The same
4 thing would apply here.

5 And I think -- and, Madam Chair, my
6 goal would be that we not -- it's a pretty
7 straightforward thing with respect to the
8 Department of Revenue promulgating rules to
9 support this. I try as a legislator not to
10 write regs in bills. But I think the same
11 standard of a medically verified pregnancy
12 test would apply here just like it does for
13 thousands of people every year that are
14 under our Medicaid system.

15 MADAM CHAIR: That makes me even more
16 concerned about a note because somebody has
17 to pay for that.

18 And then I had another question --
19 and this is for clarification for myself.
20 I thought that -- and it's about lines 131
21 to 133. This is for clarification.

22 I thought that the 14th Amendment
23 said that the protections are for the born
24 and the naturalized citizens of our
25 country. I think if you look at the 14th

1 Amendment, it said born.

2 REPRESENTATIVE SETZLER: No, ma'am.

3 I mean, if you think about the -- I can
4 pull that out if you need me to, Madam
5 Chair. I'd be happy to. What the 14th
6 Amendment accrues to is persons.

7 MADAM CHAIR: Okay. But then it gets
8 onto the other state -- okay. As Betsy
9 clarifies that for me because, you know, I
10 didn't have -- I have no internet
11 connection at my house where I live and so
12 at night I have no way of looking up
13 something like that and didn't happen to
14 have a copy of the Constitution right at
15 hand. So that was why I wanted to clarify
16 it.

17 The other thing is we're going to
18 include an unborn child in our state
19 population basis?

20 REPRESENTATIVE SETZLER: Many of our
21 state population counts are driven by the
22 census. Our voting, all those things are
23 driven by census numbers. What this does,
24 it allows us to include unborn persons or
25 unborn human beings in our counts.

1 For example, if the state makes
2 allocations based on population, we
3 recognize even the areas with the highest
4 birth rates have around one percent,
5 one-and-a-half percent of births per year.
6 We're talking about small numbers.

7 But if the state wants to reflect in
8 its policies whether it's apportioning of
9 dollars across hospitals -- for high-need
10 hospitals, we recognize that children in
11 utero have high medical costs relevant to
12 others. And it's -- it's part -- they're
13 patients within our medical system, that if
14 we wanted to use that, this gives us the
15 ability as a state to do that.

16 It doesn't apply to areas that are
17 only -- that only use census data. But it
18 does allow us as a state to do that in
19 those practical circumstances.

20 MADAM CHAIR: And I just have a
21 question about how that would be enforced.
22 And the reason is because, you know, I did
23 the non-shackling bill of pregnant women
24 which is now on its way over to the Senate.

25 And one of the things that the

1 sheriffs and everybody, when they're
2 talking to work that out was -- especially
3 in that first trimester when we say we're
4 not going to shackle pregnant women. And I
5 had to put in there second and third
6 trimester to make it where -- because it's
7 not so obvious in that first trimester.

8 So the same thing about determining
9 this is what I was asking.

10 Betsy, did you find it?

11 (Off-the-record comments)

12 MADAM CHAIR: So it doesn't define
13 born or unborn? Okay. Thank you.

14 REPRESENTATIVE SETZLER: And, Madam
15 Chair, to your point. 38 states -- in 1868
16 when the 14th Amendment was passed, 38
17 states and territories outlawed abortion
18 completely. The idea that it was some -- I
19 think for so many years it was assumed
20 abortion wasn't going to be legal that they
21 didn't even think of mentioning it, I would
22 argue.

23 MADAM CHAIR: I'm just trying to get
24 clarification about how those would be
25 enforced and I stand corrected on the 14th

1 Amendment.

2 You misspoke? Okay.

3 REPRESENTATIVE SETZLER: With respect
4 to the naturalization of citizens.

5 MADAM CHAIR: Okay. This is section
6 one: All persons born or naturalized in
7 the United States and subject to the
8 jurisdiction thereof are citizens of the
9 United States and the state wherein they
10 reside.

11 REPRESENTATIVE SETZLER: But then it
12 goes on to talk about equal -- no one
13 should be deprived equal protection under
14 our laws. So that's --

15 MADAM CHAIR: Yeah, I'm not a
16 constitutional -- I just was questioning
17 that because I thought that it went -- I
18 knew we'd have to have constitutional
19 lawyers and I don't think either one of us
20 are constitutional lawyers.

21 Representative Beverly.

22 REPRESENTATIVE BEVERLY: Thank you,
23 Madam Chair.

24 To your point on the 14th Amendment,
25 today as you look at me, you consider me a

1 whole person, I suspect.

2 Throughout our history, we have
3 grappled with the what the idea of humanity
4 is.

5 Are you familiar with the
6 Three-Fifths Compromise?

7 REPRESENTATIVE SETZLER:
8 Unfortunately. Yes, sir.

9 REPRESENTATIVE BEVERLY: And that
10 happened in 1787 where the state
11 legislators tried to figure out how do you
12 qualify a black life. And for the purposes
13 of census and taxation, they said, well,
14 guess what we'll do. The same 38 states,
15 the convention said we'll qualify black
16 folk as three-fifths of a person.

17 We've always struggled with this
18 stuff. A hundred years later, the 14th
19 Amendment comes along. It gives people an
20 opportunity to reset what they believe a
21 life is. Okay? And that's what we're
22 talking about today.

23 And in that consideration, what was
24 the idea around slaves at that time? Do
25 you remember?

1 REPRESENTATIVE SETZLER: Sir?

2 REPRESENTATIVE BEVERLY: Slaves.

3 People of color. What did they consider a
4 person according to the 14th Amendment?
5 Did they ratify, did they get rid of the
6 Three-Fifths Compromise?

7 REPRESENTATIVE SETZLER: I will tell
8 you, we knew all along -- I think we all
9 know -- it's almost absurd to even talk
10 about now. But we all know that people of
11 color were full human beings and always
12 were. The laws of our nation didn't
13 reflect that. In 1857, the Dred Scott v
14 Sanford decision said that people of color
15 are not persons. They were property.

16 We know that a Supreme -- in fact, it
17 was a 7-2 Supreme Court decision. A 7 to 2
18 decision of the U.S. Supreme Court in 1857
19 said Dred Scott was property. He wasn't a
20 person.

21 117 years later in a 7 to 2 decision
22 of the United States Supreme Court, the
23 United States Supreme Court said children
24 in the womb are not persons, they're just
25 lumps of tissue, they're medical things to

1 be accommodated.

2 But the same Supreme Court by a 7 to
3 2 decision that didn't recognize Dred Scott
4 didn't recognize the humanity of the child
5 in the womb and it's our opportunity to fix
6 that and I would love you to join me.

7 REPRESENTATIVE BEVERLY: So here's
8 the thing. And that goes beyond the scope
9 of what I'm trying to establish. What I'm
10 trying to establish is that we will grapple
11 with humanity where life begins and who is
12 a person and who is not. And at the core
13 of this is not the moral judgment of a
14 bunch of legislators to determine what the
15 autonomy is of a person or to determine
16 what they want to do with that life. We
17 all have -- each one of us have been given
18 inalienable rights. We have those rights.
19 And today, you're trying to define what
20 those are.

21 And just like 250 years ago, they
22 said that the guy sitting here, James
23 Beverly, my ancestors was three-fifths of a
24 person and they were completely wrong.
25 Today, I think you're on a slippery slope

1 trying to determine as a legislator where
2 life begins.

3 REPRESENTATIVE SETZLER: How can you
4 -- can you help me through this bill fully
5 recognize them so it's not three-fifths of
6 a person but is a full person? Because
7 that's what I'm trying to do. I thank you
8 for that.

9 REPRESENTATIVE BEVERLY: Yeah, thank
10 you. And so I think that, Madam Chair --
11 and if you just give me liberty --

12 MADAM CHAIR: Okay.

13 REPRESENTATIVE BEVERLY: -- just one
14 other statement is I'd be happy to have
15 that conversation with you and I would move
16 to table this if you're willing to, to
17 table this and have an actual real
18 conversation around this issue.

19 And so at the appropriate time, I'd
20 move to table this bill and let's see where
21 we go.

22 MADAM CHAIR: I'm not recognizing you
23 for that motion at this time.

24 Thank you, Representative Beverly.

25 REPRESENTATIVE SETZLER: Mr. Beverly,

1 I'd love to have that conversation --

2 MADAM CHAIR: Can we move on, please.

3 Representative Petrea.

4 REPRESENTATIVE PETREA: Yes. I was
5 just going to speak briefly. Thank you,
6 Madam Chair.

7 I just wanted to speak briefly. I'm
8 sitting here listening to the dialogue with
9 Representative Beverly and Representative
10 SETZLER. My understanding, sir, is -- so
11 we already have -- to the question: We
12 already have limits on abortion in this
13 state.

14 As I was trying to make sure I
15 understood earlier, we already have an
16 understanding that we limit abortion at 20
17 weeks. That is an arbitrary position,
18 right? It's just 20 weeks. There is no
19 science behind that.

20 What I see you trying to do here is
21 take some degree of science by saying life
22 begins with a heartbeat and -- and, yes, it
23 shifts that delineation. But it does based
24 on science. Is that not true?

25 REPRESENTATIVE SETZLER: It is. And

1 to your point, you know, the whole idea --
2 and I think the opponents will come and
3 talk about the idea of viability, that --
4 even in the Roe decision and subsequent
5 decisions, they talk about viabilities
6 being the standard after which the
7 legislature can prohibit abortion.

8 And they sort of landed on this
9 nebulous idea of viability being somehow
10 able to live outside the womb. We know
11 that's a medical fiction. A child at 24
12 weeks gestation age, 40 weeks. Heck, a
13 child at six months old can't, without
14 adult help, live on their own. It requires
15 people to care for them.

16 The threshold medically for a viable
17 pregnancy -- the point at which 95 percent
18 of all pregnancies will be carried to term
19 successfully is the heartbeat.

20 Again, the American College of
21 Obstetrics and Gynecology says the
22 definition of viable inter uterine
23 gestation is the heartbeat.

24 So we see medically at end of life as
25 we talked about, if a coroner was trying to

1 decide if someone is alive or dead, if they
2 have a heartbeat without life support,
3 they've alive.

4 This is the medically scientifically
5 appropriate threshold at which a viability
6 should be applied.

7 And I appreciate the question.

8 MADAM CHAIR: I'm going to take a
9 couple of more questions and then I'm going
10 to end it and go to public.

11 Representative Henson.

12 REPRESENTATIVE HENSON: Thank you,
13 Madam Chair.

14 I have several questions --

15 MADAM CHAIR: No --

16 REPRESENTATIVE HENSON: -- I'm going
17 to make two of them, just two. I'll make
18 it real quick.

19 If this bill was to pass, where is
20 the physical note for advising women who
21 can be pregnant that the law in Georgia has
22 changed? Because I don't expect it to be a
23 billboard on 285.

24 REPRESENTATIVE SETZLER: Thank you
25 for the question.

1 We have -- when this legislature
2 passed the Women's Right to Know Act back
3 in 2005, we put in place a number of
4 existing -- requirements that are under
5 existing law, that as physicians consult
6 women about their options about the
7 possibility of abortion, there's materials
8 that before an abortion can be performed,
9 that they have to provide. There's a
10 website that speaks to that.

11 So our existing law prescribes
12 information for women that are considering
13 abortion. Many women who were considering
14 abortion in 2019 or 2020, weren't
15 considering it in 2005.

16 REPRESENTATIVE HENSON: Well, that's
17 not where I'm going because you're assuming
18 that she has gone to the doctor. I'm
19 talking about someone who is four weeks
20 pregnant that hasn't gone to a doctor, that
21 might not know she's pregnant because many
22 women don't realize until they are six or
23 eight weeks pregnant that they're pregnant.
24 Especially if they're not hoping to be
25 pregnant, they're not thinking they are.

1 So who is going to advise them? I
2 mean, how do you ask a young child -- a
3 young 13 or 14 year old or even someone
4 that's in college that if they get
5 pregnant, they have to remain pregnant?
6 And what are they supposed to do with the
7 baby afterwards?

8 And don't talk to me about foster
9 care in Georgia where we have 14,000
10 children waiting to get into a foster home.
11 So what are we going to do with all these
12 children that we're now forcing women to
13 carry?

14 REPRESENTATIVE SETZLER: Appreciate
15 the lady's question.

16 There were two. The first question I
17 think answered itself with respect to
18 physicians in Georgia are the only ones
19 that are allowed to perform abortions.
20 Mid-level practitioners don't do it. It's
21 a physician.

22 And the notification provisions we
23 have under existing law would apply to
24 this. It really has no -- this bill has no
25 impact on that.

1 The lady's second question is -- I
2 think it was one of unwanted children.

3 REPRESENTATIVE HENSON: If I don't
4 want a child, what am I supposed to do for
5 seven or eight or nine months --

6 MADAM CHAIR: Representative Henson.
7 Excuse me, sir. Can you sit down, please?

8 REPRESENTATIVE HENSON: I'm sorry. I
9 believe very strongly that a bunch of men
10 should not be dictating to me about my
11 body. And if I was to become pregnant,
12 what I have to do. Not supposed to do, but
13 have to do.

14 REPRESENTATIVE SETZLER: Appreciate
15 the lady's question. I can speak to it.

16 MADAM CHAIR: Thank you,
17 Representative Henson.

18 You know, I said I was going to take
19 a couple of more questions. I've had my
20 two. We really do need to move on.

21 So, Representative Hutchinson, can
22 you do okay with a wave?

23 REPRESENTATIVE HUTCHINSON: Yes.

24 MADAM CHAIR: Okay. And,
25 Representative Sharp, can you get by with a

1 wave or do you have a really short one?

2 REPRESENTATIVE SHARP: It will be
3 real short.

4 MADAM CHAIR: Okay. And that's it.
5 That's the last one.

6 REPRESENTATIVE SHARP: All right.
7 Thank you, Chairman. Thank you for
8 presenting this.

9 When we look at the IRS situation
10 where you said that a person is considered
11 a whole person. Let's just say a young
12 lady gets pregnant in June. She's
13 pregnant. It's verified by a doctor.

14 Have you looked into how they would
15 have some type of Social Security number in
16 this situation? The whole process on that
17 end? Because if she claims that child as
18 soon as she can, maybe in February, get
19 money, \$4,000 or whatever it is, and then
20 that -- something happens with that
21 pregnancy and the baby dies, what happens
22 at that point?

23 REPRESENTATIVE SETZLER: Appreciate
24 the question. And, again, just for
25 clarity. This is not going to affect

1 federal taxes so there's not an issue as
2 far as federal taxes goes.

3 The dollar amount we're talking about
4 is a maximum of \$172.50. That's a full tax
5 write-off for a child. So I'm not touting
6 this as a big windfall. It's really not
7 that much money. But I do think it's
8 important to recognize it.

9 But as I answered the lady's question
10 earlier, if a family tragically lost a six
11 month old or any month old during a tax --
12 during a single tax year, they're not
13 thinking about a tax write-off. But when
14 they do do their taxes, they had a child
15 during that tax year, even though the child
16 passed away, that child counts as a member
17 of the family. It would be no different
18 under this.

19 MADAM CHAIR: All right. Thank you
20 very much. We're going to go to the
21 speaking list. We have 30 minutes on each
22 side. That's an hour. We're going to keep
23 time and I'm going to go back and forth.

24 I'm going to start with against
25 because we've been listening to the pro.

1 So, Representative Dreyer, if you're
2 still here.

3 REPRESENTATIVE DREYER: Madam Chair,
4 thank you very much. And there are going
5 to be, I believe six representatives that
6 have signed up to speak against this bill.

7 For the purposes of maximizing
8 testimony for the committee like the Chair
9 requested, we each have a doctor that's
10 going to come up with us and we'll proceed
11 in order. We will keep our time to five
12 minutes so the whole presentation can be 30
13 minutes and we can hopefully provide the
14 most useful information to the committee.

15 MADAM CHAIR: Well, I need to go back
16 and forth. So can you handle that?

17 REPRESENTATIVE DREYER: We can
18 certainly handle that.

19 MADAM CHAIR: Okay.

20 REPRESENTATIVE DREYER: Thank you
21 very much.

22 As my doctor that's with me makes
23 their way up here, I do want to say that --
24 and it was flagged earlier -- there is not
25 a physical note. And in addition to

1 notification provisions, this is going to
2 provide a tax deduction. We have no idea
3 how much this tax deduction is going to
4 cost.

5 There will also be criminal
6 enforcement costs that are going to go with
7 that. We have no idea how much that's
8 going to cost. And there will be two tiers
9 of constitutional challenges with this.

10 First, the challenge under the
11 current U.S. Supreme Court law. But,
12 secondly, this bill provides standing for
13 individuals to continually sue the State of
14 Georgia over the provisions in this bill.

15 So we're going to have massive costs.
16 We have no idea what they are. And in my
17 mind, that would on its own, justify
18 tabling so that these uncertainties could
19 be arrived at.

20 Would you introduce yourself.

21 DR. SCOTT: Yes. I'm Dr. Al Scott.
22 I am not familiar -- that familiar with the
23 substitute bill so I'm going to address
24 House Bill 481.

25 Good afternoon, Madam Chair and

1 members of the committee.

2 My name is Al Scott and I have the
3 honor of serving as the incoming president
4 for the Georgia OBGYN Society.

5 The OBGYN Society is a state medical
6 association for OBGYN physicians. Today, I
7 proudly represent more than 1,000 OBGYNs
8 from all over Georgia.

9 As a member of the Georgia OBGYN
10 Society and a practicing obstetrician for
11 more than 30 years, I rise today to voice
12 the society's strong opposition to House
13 Bill 481. House Bill 481 proposes banning
14 abortion after detection of a primitive
15 heartbeat which occurs as early as six
16 weeks gestation.

17 It should be noted that what it is
18 detected via vaginal ultrasound as early as
19 six weeks gestation is not a heart, but a
20 collection of tissue that will eventually
21 form a heart.

22 The bill does not allow for exception
23 due to rape and the substitution bill is
24 slightly -- has slightly changed that. But
25 the original bill did not allow exceptions

1 due to rape, incest or medically futile
2 pregnancy.

3 This means that if a child is
4 determined to have an anencephaly, a
5 condition that is not detected until 18 to
6 22 weeks gestation and is associated with
7 malformation or no formation of the brain,
8 the mother would be required to carry the
9 child to term and deliver the baby.

10 Further, an amniocentesis is a test
11 typically performed at 15 to 18 weeks of
12 pregnancy. This test can indicate certain
13 birth defects. Cells in the amniotic fluid
14 can be tested for chromosomal disorders and
15 genetic problems such as cystic fibrosis
16 and Tay-Sachs disease.

17 This bill is an unnecessary political
18 interference in the practice of medicine.
19 Nearly 50 years ago and as recently as
20 2016, the United States Supreme Court has
21 affirmed that women have a constitutional
22 right to abortion. The bill bans abortion
23 long before the point of viability.

24 Regardless of what the State of
25 Georgia prints in law, whether a fetus is

1 viable is a medical determination and
2 occurs much later in pregnancy.

3 This bill violates the constitution
4 and will serve as an outright ban on
5 abortion for most women in Georgia as more
6 than 80 counties do not have an
7 obstetrician and will prohibit healthcare
8 providers from providing ethical, necessary
9 care to their patients.

10 Safe, legal abortion is a necessary
11 component of women's healthcare. Many
12 factors might influence and necessitate a
13 woman's decision to have an abortion
14 including contraceptive failure, barriers
15 to contraceptive use and access, fetal
16 anomalies, illnesses during pregnancy and
17 more.

18 Women often are unaware they are
19 pregnant prior to six weeks and surgical
20 abortion before six weeks may be difficult
21 or impossible due to limitations of
22 ultrasound imaging so early in pregnancy.

23 Decreasing women's access to abortion
24 will likely increase negative health
25 outcomes and complications including

1 maternal and infant mortality. Georgia
2 already has the worst maternal mortality
3 rate in the nation and the State has
4 invested funds to reverse -- reversing that
5 disturbing trend.

6 The legislation proposed -- this
7 legislation proposed to turn back the clock
8 to the time before Roe v Wade, a time when
9 women seeking to terminate a pregnancy were
10 forced to resort to self-induced abortions
11 which often resulted in serious
12 complications and death.

13 Like all medical matters, decisions
14 regarding abortion should be made by
15 patients in consultation with their
16 healthcare providers and without due
17 interference by outside parties.

18 Like all patients, women obtaining
19 abortions are entitled to privacy, dignity,
20 respect and support.

21 Just a little bit more, Madam Chair.

22 Many factors influence or necessitate
23 a woman's decision to have an abortion.
24 They include but are not limited to
25 contraceptive failure, barriers to

1 contraceptive use and access, rape, incest,
2 intimate partner violence, fetal anomalies,
3 illness during pregnancy and exposure to
4 teratogenic medications.

5 This bill indefensibly jeopardizes
6 patient's health by requiring patients to
7 wait and see if a condition deteriorates
8 before permitting medically indicated
9 treatment. Physicians cannot always
10 predict what course medical conditions or
11 complications will take or how quickly they
12 may lead to health problems, severe injury
13 or even death.

14 This bill could place doctors in the
15 untenable position of denying needed
16 services to women whose pregnancies
17 threaten their health.

18 In summary, House Bill 481 is a bad
19 public policy. Bills such as these have
20 already been deemed unconstitutional. But
21 more importantly, this bill will increase
22 suffering of women who are being forced to
23 carry a pregnancy to full term. A
24 pregnancy she may not want through no fault
25 of her own simply because she lives in one

1 of Georgia's 80 counties that does not have
2 an obstetrician.

3 Instead of talking about ways to
4 force women to remain pregnant, we should
5 be talking about ways to improve access to
6 healthcare and reducing maternal mortality,
7 which is a conversation the state most
8 desperately needs.

9 Thank you for the opportunity to
10 speak today, Madam Chair. I'm happy to
11 answer any questions the committee might
12 have.

13 MADAM CHAIR: Unless somebody has a
14 pressing question which doesn't go against
15 the time. Okay.

16 Representative Beverly.

17 REPRESENTATIVE BEVERLY: Just for a
18 point of clarification, questions will not
19 be counted against us --

20 MADAM CHAIR: No, sir. They won't.

21 REPRESENTATIVE BEVERLY: And could
22 you after each speaker let us know what the
23 balance of our time is if you don't mind so
24 that we would have a better understanding
25 of which way to go?

1 MADAM CHAIR: Okay. You have 22
2 minutes left.

3 REPRESENTATIVE BEVERLY: Thank you.

4 MADAM CHAIR: All right. On the
5 other side, do you -- okay.

6 Can you identify who you are --

7 REPRESENTATIVE SETZLER: Madam Chair,
8 I'd like to recognize Dr. Kathy Aultman.

9 Dr. Aultman, would you want to
10 present from here or --

11 MADAM CHAIR: Thank you, Doctor. For
12 representing the OBGYNs.

13 DR. AULTMAN: Chairman Cooper and
14 committee members, thank you for inviting
15 me to participate in this hearing today in
16 favor of HB 481.

17 Thirty years ago, I would have agreed
18 with my colleague. My name is Dr. Kathy
19 Aultman and I'm speaking on behalf of the
20 Charlotte Mosier Institute as to the
21 medical facts that were presented in this
22 bill. The rest of my testimony is based on
23 my experience as an abortionist and an
24 OBGYN doctor as well as my own personal
25 experience.

1 I've also written a -- I have a
2 written testimony which I would like to
3 submit with documentation.

4 I'm a retired Board-certified OBGYN
5 and Fellow of ACOG with over 35 years
6 experience. I've been an advocate for
7 women and their health issues for my entire
8 career. I was co-founder and co-director
9 of the First Rate Treatment Center in
10 Jacksonville, Florida and performed sexual
11 assault exams on women and children as a
12 medical examiner.

13 I served as the Medical Director for
14 Planned Parenthood of Jacksonville, on the
15 Ethics Commission of the Christian Medical
16 and Dental Associations, and on the Board
17 of Community Health Outreach which provides
18 free medical care and food to the poor.

19 I've testified extensively at the
20 state and federal level on a variety of
21 pro-life issues including the heartbeat
22 bills in Iowa and Ohio and before the U.S.
23 House Sub-Committee on the Heartbeat Bill.

24 I've performed first trimester and
25 second trimester abortions and treated the

1 complications of abortions. I've taken
2 care of women and their babies throughout
3 normal and abnormal pregnancies and treated
4 the complications. I have had an abortion
5 and two vaginal births.

6 When I entered medical school, I
7 believed that the availability of abortion
8 on demand was solely an issue of women's
9 rights. I felt no more compassion for the
10 fetus than I did for the chick embryos I
11 dissected in college. I continued to do
12 abortions without reservation even while
13 pregnant.

14 But after my delivery, I made the
15 connection between fetus and baby. The
16 fact that the baby was unwanted was no
17 longer enough justification for me to kill
18 it. Although I could no longer do
19 abortions; however, I continued to believe
20 that abortion was a woman's right.

21 My views changed during my practice
22 as I saw young women who did amazingly well
23 after deciding to keep their unplanned
24 pregnancies in contrast to those were
25 struggling with the emotional and physical

1 complications of abortion. That wasn't
2 consistent with the feminist rhetoric I had
3 embraced.

4 My opinion also changed as I watched
5 children grow up in my church who were
6 almost aborted, including one with Down
7 Syndrome. I realized that those precious
8 little people wouldn't be here if their
9 mothers had aborted them.

10 Abortion is damaging to women. The
11 physical and psychological risks of
12 abortion are well-documented but are
13 woefully under-reported. A woman cannot
14 remain unscathed after killing her child.
15 At some point, usually after childbirth or
16 the inability to get pregnant, the
17 realization of what she did hits her.

18 It wasn't until after I had my first
19 child that I regretted my own abortion. I
20 wish there had been a heartbeat bill back
21 then or that it had not been so terribly
22 easy to get an abortion.

23 We have convinced our young women
24 that an unplanned pregnancy is the worst
25 thing that can happen to them and that

1 their right to reproductive freedom is more
2 important than their baby's right to live.
3 Because we can't see who they will become,
4 we feel justified in sacrificing the lives
5 of babies in the womb for the convenience
6 of those that we can see.

7 I support this bill because it uses
8 the heartbeat, the best indicator of the
9 viability of a pregnancy and a very
10 concrete sign of life that people can
11 identify with to determine when the fetus
12 should be protected rather than the
13 viability of the fetus outside the womb,
14 which is dependent upon the technology
15 available and the willingness of medical
16 personnel to treat.

17 Although it's rarely necessary to
18 abort a baby to save the mother or to
19 protect her health, there is a safeguard in
20 this bill to protect the life of the mother
21 and to prevent a serious risk of
22 substantial and irreversible impairment of
23 a major bodily function.

24 Scientists understand that a human
25 life begins at conception and that

1 development doesn't stop at birth. The
2 cardiovascular system is the first organ
3 system to reach a functional state. The
4 heart begins to beat at three weeks and one
5 to two days post-fertilization. Blood
6 flows begin in the fourth week
7 post-fertilization or the sixth week of
8 gestation. And the heartbeat can be
9 detected on vaginal ultrasonography.

10 Transvaginal ultrasound can detect
11 the heartbeat between six to seven weeks
12 gestation as opposed to seven to eight
13 weeks by transabdominal ultrasound. The
14 small hand-held Doppler that providers use
15 in their offices is the least sensitive and
16 although it can sometimes pick up the
17 heartbeat at eight to nine weeks gestation,
18 it may not be detected until 12 weeks
19 gestation.

20 If present, the heartbeat is the best
21 indicator of a viable pregnancy. Once a
22 heartbeat is identified, there's a very
23 strong likelihood that the pregnancy is
24 viable and will continue to term.

25 I want to thank those of you who have

1 supported this bill for your vital efforts
2 to protect those who have no voice and
3 cannot protect themselves.

4 Thank you.

5 MADAM CHAIR: Thank you very much for
6 your time.

7 You're going to need to cut it to
8 about three minutes because I left somebody
9 -- I had a wrong sign. I've got to get to
10 somebody else before your 30 minutes is up.

11 Go. Who is going next?

12 MS. KAUSCHE: Thank you, Madam Chair.
13 My name is Angelika Kausche, Representative
14 for House Bill 650 and I'm yielding my time
15 to Dr. Melissa Kottke.

16 MADAM CHAIR: Okay.

17 DR. KOTTKE: Good afternoon, Madam
18 Chair and members of the committee.

19 My name is Dr. Melissa Kottke and I'm
20 a member of the Advisory Board of the
21 Georgia OBGYN Society, the state medical
22 association for OBGYN physicians.

23 I'm an assistant professor in the
24 OBGYN Department in the Emory School of
25 Medicine and have been practicing

1 obstetrics and gynecology here in Georgia
2 at Emory and at Grady for 13 years.

3 I'm here today to speak as a member
4 of the Georgia OBGYN Society, as a member
5 of the American College of Obstetricians
6 and Gynecologists in strong opposition to
7 House Bill 481.

8 The members of the OBGYN Society,
9 ACOG and myself have dedicated our careers
10 and our lives to secure healthy futures for
11 our patients and their families by
12 providing high quality evidence-based
13 healthcare.

14 The Georgia OBGYN Society and leading
15 national medical organizations like ACOG
16 and others support the availability of
17 safe, high quality reproductive health
18 services for all women and is committed to
19 protecting safe, legal access to abortion
20 as a necessary component to women's
21 healthcare.

22 House Bill 481 is bad policy for
23 Georgia's women and Georgia OBGYN
24 physicians for several reasons.

25 First and fundamentally, House Bill

1 481 is built on a foundation of false and
2 misleading statements and scientific
3 inaccuracies. For these reasons alone, it
4 should not be considered.

5 Representative Setzler, I appreciate
6 and agree with your assertion that -- I
7 believe you said we should trust our
8 doctors. This bill does exactly the
9 opposite. House Bill 481 takes medical
10 decisions out of the hands of my patients
11 and me and instead puts medical decisions
12 into the hands of politicians.

13 Not only does this compromise the
14 integrity of the patient-physician
15 relationship. It is extremely dangerous
16 for lawmakers to presume that they are
17 better equipped than women and their
18 healthcare provider to judge what's
19 appropriate medical care. Or as this bill
20 does, proposes to create a new medical
21 definition.

22 Next, House Bill 481 would lead to
23 worse healthcare for women in Georgia. In
24 the everyday care of patients, I see time
25 and time again that the real world context

1 and the real life medical situations of my
2 patients are complex and are nuanced.
3 There are enumerable situations that happen
4 in real life that are not reflected in
5 House Bill 481.

6 For example, our team recently had a
7 female patient, a mother of three, who was
8 diagnosed with breast cancer early in her
9 pregnancy. Breast cancer is one of the
10 more common cancers diagnosed during
11 pregnancy and these tumors grow actually in
12 response to the hormones of pregnancy.

13 It's difficult to call this an
14 emergency and completely unethical not to
15 offer her an abortion if she would like to
16 focus on treating her disease and giving
17 her the best chance at long-term survival.

18 Indeed, there are many medical
19 conditions that put a woman at increased
20 risk for adverse health outcomes during
21 pregnancy. These conditions may not
22 present impending death for the woman, but
23 they can undoubtedly cause her harm.

24 House Bill 481 indefensibly
25 jeopardizes patients' health by requiring

1 physicians to wait and see if a condition
2 deteriorates. You know, we don't have a
3 crystal ball and I can't tell you if one
4 mother is going to get sick or at the speed
5 at which she's going to get sick. Things
6 can change very, very quickly in the world
7 of OBGYN. That's the reality of working in
8 this field.

9 This bill would place doctors in the
10 very difficult position of denying services
11 to women who need them during pregnancies
12 if the pregnancies threaten their health.

13 They would feel the need to wait for
14 a higher blood pressure. Wait for a higher
15 fever. Really got to justify this one.
16 Bleed a little bit more is what we're
17 asking physicians to do.

18 Imagine this was happening to your
19 mother or your wife and I, as your
20 physician, came out to greet you in the
21 waiting area of the hospital and said, you
22 know what, I'm really, really worried about
23 her and it's my medical opinion that this
24 pregnancy is causing what we're seeing.
25 And I'm sorry, she's just not sick enough

1 yet and I can't do anything for you.

2 Next, we have seen time and time
3 again that where abortion is illegal or
4 highly restricted, women resort to unsafe
5 means to end unwanted pregnancies. This
6 can include things like self-inflicted
7 abdominal and bodily trauma, ingestion of
8 dangerous chemicals, self-medication with a
9 variety of drugs, and reliance on
10 unqualified abortion providers.

11 In comparison, legal abortion is
12 incredibly safe. States that have more
13 strict abortion restrictions have worse
14 maternal and child health indicators. And
15 this disproportionately affects people who
16 are poor and women of color.

17 Finally, House Bill 481 unduly
18 punishes women's health physicians for
19 providing critical care. This bill would
20 criminalize me for being an OBGYN.
21 Criminalize me for providing evidence-based
22 high quality medical care. In addition to
23 finding that personally and professionally
24 unacceptable, I believe this will have a
25 devastating impact on the state's already

1 inadequate physician work force.

2 Currently there are 80 counties in
3 Georgia without an obstetrician. That's
4 over half, over half. And we have one of
5 the worse maternal mortality rates in the
6 country. I do not believe that those two
7 things happening are a coincidence.

8 Bills like House Bill 481 act as a
9 deterrent for OBGYNs to practice in the
10 State of Georgia and the dearth of
11 obstetrical services will worsen.

12 Who would want to come to this state
13 in a practice that is hostile to the actual
14 practice of medicine? Who would want to
15 come to Georgia where you might get put in
16 jail for doing your job? House Bill 481
17 will worsen our provider shortage. It will
18 worsen access to obstetrical care and no
19 doubt will worsen our maternal mortality
20 and morbidity rates along with it.

21 We can't allow this. The Georgia
22 OBGYN Society urges the committee to vote
23 no on House Bill 481.

24 MADAM CHAIR: Thank you very much.

25 You have 16 minutes left.

1 Do you have somebody you want to
2 choose since I have this overwhelming
3 number of people?

4 Okay. If you will identify yourself
5 and if you're with an association or
6 whatever.

7 They can present from the place
8 there.

9 MS. GUY: Thank you distinguished
10 members. I was not planning on crying, of
11 course; but it's hard.

12 I cannot thank you enough for being
13 here and for the hard work that you each
14 put in --

15 MADAM CHAIR: And you are?

16 MS. RACHEL GUY: Rachel Guy. Sorry.

17 MADAM CHAIR: And you're just
18 testifying for yourself?

19 Okay, Rachel. We're not going to
20 jump over here and make it hard for you.
21 Just be calm and it's okay. Thank you.

22 MS. GUY: But thank you all. I know
23 that each of you have taken time out of
24 your day. I know that this is a, quote,
25 loaded subject and I cannot thank you

1 enough for hearing this.

2 I wanted to ask that you would use
3 the power that the Lord has given you and
4 entrusted to you to save babies like
5 myself. You see, over 20 years ago, three
6 doctors told my parents to abort me. They
7 said I was incompatible with life. They
8 said I would not live long. They said if I
9 did live, I would have no quality of life.
10 I would be blind, I would be deaf, I would
11 have mental struggles.

12 My parents said our child has value
13 regardless of if our child is blind, is
14 deaf, has mental struggles.

15 No parent regrets choosing life and I
16 think about all the families. There were
17 three specific doctors who told my parents
18 you need to abort. One doctor said the
19 only test we will offer you is an autopsy.
20 All three of them washed their hands of my
21 life.

22 And I'm asking you, not only on
23 behalf of hearing my story but on the
24 behalf of countless children who their only
25 crime, their only crime is that they're

1 sick and they're in utero. And I ask that
2 we fight for these children. These
3 children deserve rights. These children
4 are patients. These children are patients
5 of doctors and these precious children
6 deserve the right to life.

7 I think about precious children who
8 have disabilities who are outside the womb
9 and doctors fight, fight the good fight.
10 They care for these precious children
11 because they are their patients.

12 But when they are inside the womb,
13 there is somehow this justification to
14 preemptively take their life and to
15 eugenically target them to believe that
16 somehow they're not valuable based on their
17 disability. When, in fact, when they're
18 outside the womb, we cheer them on for the
19 ability that they have despite the
20 disability.

21 And I ask that we see the ability
22 that these precious children have inside of
23 the womb and we do not discriminate against
24 them based on our disability.

25 Thank you.

1 MADAM CHAIR: Thank you for coming to
2 testify.

3 You have 22 minutes left.

4 Thank you very much for coming and
5 testifying.

6 Okay. Next?

7 REPRESENTATIVE CANNON: My name is
8 Park Cannon and I am proud to represent the
9 district including Grady Hospital and this
10 capital.

11 I am disheartened that this committee
12 time and agenda has been covert. The
13 sponsor has been sticking to talking points
14 and has not addressed the true dangers of
15 this bill and has evaded very specific
16 questions.

17 I stand here today confident in my
18 decision to terminate my pregnancy when I
19 was sexually assaulted in 2010. As a
20 member of the LGBTQ community, there are
21 many people who believe they can "rape us
22 straight". I do not deserve to live in a
23 world where people believe I deserve to
24 feel pain because of my sexual orientation.

25 Many of you know I now help women in

1 English, Espanol and Puertogese who are
2 determining this decision. Today I bring
3 to you my concerns with this bill. I have
4 amendments I have given to members on the
5 committee. I'm happy to share them with
6 anyone. I have reached out to every
7 sponsor on this bill to speak with them
8 about my concerns.

9 Including fetuses of six weeks in the
10 census is impossible as this bill calls.
11 Women make up 52 percent of the state
12 population so even if half of those women
13 were pregnant, there would be a major new
14 set of numbers for us to calculate. There
15 is no way for us to do this. It is a
16 flawed idea. It begs that women who are
17 pregnant can ride in the HOV lane and it
18 asks if we use life insurance to do this.

19 Opening physician records to law
20 enforcement is not only terrifying, but
21 there is nowhere else in the code where
22 this exists. I want to make it clear that
23 heartbeat is not the indication of
24 viability by reading testimony from a
25 constituent who couldn't be here today.

1 My first son, we have a perfectly
2 wonderful ultrasound photos showing a nice
3 healthy heart beating fetus that we used to
4 share the news with everyone. At the time
5 even during gestation, any brain matter he
6 grew just floated out there with the top
7 part of the skull not holding onto it. As
8 it was floating, the amniotic fluid burned
9 away at it.

10 At that time, the law of termination
11 was set at 24 weeks in Georgia and now
12 we're at 20 weeks.

13 I yield the rest of my time to Dr.
14 Roche, a doctor from Emory.

15 DR. ROCHE: Good afternoon. I
16 appreciate the opportunity to speak. I've
17 devoted most of the 50 years of my
18 professional life to preventing maternal
19 deaths from abortion in Georgia, United
20 States and internationally.

21 Internationally, 56 million women a
22 year get an abortion. 46,000 die.

23 The situation in Georgia. In 1969
24 when I was first assigned by CDC to the
25 State Health Department was to evaluate

1 Georgia's law decriminalizing abortion
2 which occurred April 1, 1968.

3 I reviewed the death certificates for
4 the previous 20 years and noticed that most
5 of the deaths were older rural
6 African-American women. Those who had been
7 getting safe abortions during the short
8 time period that this restrictive law was
9 in place were younger, white Atlanta women.

10 Margie Pitts Hames, an Atlanta
11 attorney, used that evidence of inequity as
12 part of her argument to take -- to sue the
13 State of Georgia and take it to the Supreme
14 Court which ended up being Doe v Bolton
15 decision. And I wish that were the end of
16 maternal deaths from abortion in Georgia.

17 12 years later, I was again working
18 in the State of Georgia and I was asked to
19 investigate the death of a young woman,
20 third year of college, African-American,
21 who had been -- made an appointment to
22 terminate her pregnancy, been to the
23 facility, was deterred by protestors. Went
24 back to her residence, undid a coat hanger
25 and inserted it into her cervix and uterus,

1 perforated her uterus and subsequently
2 died.

3 I saw the track marks at the Fulton
4 County Medical Examiner's office and I read
5 her medical report, her social history and
6 why she hadn't informed her parents.

7 I think restrictive bills, however
8 they're formulated, are particularly
9 disadvantageous to minority populations and
10 particularly to African-Americans based on
11 this evidence.

12 Thank you.

13 MADAM CHAIR: You have 12 minutes
14 left.

15 Who would you like to go?

16 Okay. Ms. Nicely?

17 MS. NICELY: Yes.

18 MADAM CHAIR: Okay. If you'd tell me
19 what you do or --

20 MS. NICELY: Yes. Daphne Nicely.
21 I'm the Executive Director of Atlanta
22 Morning Center and I'm not here taking a
23 position on the legislation but to provide
24 information regarding my observations and
25 experience.

1 I'm previously the executive director
2 of a pregnancy center. Pregnancy centers
3 offer viable service in the community,
4 providing limited medical services as well
5 as material assistance and educational
6 assistance for mothers as well.

7 What Atlanta Morning Center does is
8 not a pregnancy center. It actually
9 answers some of the questions that our
10 esteemed committee members have asked
11 today. But we provide prenatal through
12 post-partum care and under-served
13 communities to underprivileged women, those
14 that are socio-economically depressed,
15 impoverished, medically indigent or do not
16 have insurance, we provide the medical
17 services at no charge.

18 Not only do we provide our medical
19 services at no charge, but we do not accept
20 government funding; nor, in fact, even
21 apply for it. When I was the executive
22 director of Atlanta Pregnancy Resource
23 Center, we did not take advantage of the
24 opportunity to accept the Georgia
25 Alternatives to Parenting and pregnancy

1 grant and we do not intend to do that now.

2 So this is a way that is fiscally
3 responsible. We provide these services
4 with funding through individuals and
5 churches and other organizations. We
6 partner with the community to offer
7 additional services, fatherhood program,
8 abortion recovery services, parenting
9 classes, couples classes and other things
10 that are available.

11 The maternal mortality rate in
12 Georgia isn't one of the worst. It is the
13 worst in the nation. As a matter of fact,
14 the United States is third of all developed
15 nations in the world. We're doing an
16 atrocious job when it comes to the health
17 of our pregnant women. But it doesn't end
18 there.

19 We're 41st for Low Risk C-Sections.
20 42nd for premature births. 42nd for
21 prenatal care started before the third
22 trimester. 45th for low birth weight
23 babies. 46th for infant mortality as well
24 as neonatal mortality. 48th for uninsured
25 women. And last in maternal mortality and

1 that's only with Rhode Island and Alaska
2 not reporting.

3 As Executive Director of Atlanta
4 Morning Center, it's our desire to have a
5 positive and life-affirming impact on
6 maternal, fetal and pregnancy health,
7 childbirth and throughout the post-partum
8 period.

9 I would like to also add that I have
10 chaperoned or witnessed hundreds if not
11 thousands of ultrasounds professionally as
12 well as my own. I've had 12 pregnancies,
13 11 of those miscarried. But not once have
14 I been able to determine how or the manner
15 of conception of the child.

16 Thank you for your time and your
17 service. And if anyone has any questions,
18 I'd be happy to answer them.

19 MADAM CHAIR: Representative
20 Mitchell.

21 REPRESENTATIVE MITCHELL: That raises
22 a very interesting point of not being able
23 to determine how conception starts. This
24 bill contemplates a political exception for
25 rape and/or incest.

1 I would wonder how in the world would
2 you be able to determine that the pregnancy
3 came about as a rape or incest. Even
4 proving that in this day and age, as you
5 know, is difficult as well as most rapes go
6 under-reported. And I'm sure having a
7 pregnancy as a result of family members
8 probably is equally as unreported if not
9 more so.

10 And I was wondering how would you be
11 able to determine that?

12 Representative Setzler: If the
13 gentleman wants to help us pass a bill that
14 does not have that exception that can
15 protect all life, I would join you in that.

16 That's certainly my policy. I think
17 the concern is how do we protect many. I
18 think Ms. Nicely would agree, we need to
19 protect all. The idea of having exceptions
20 is not really the prototype or the ideal.

21 REPRESENTATIVE MITCHELL: I'd love
22 it, too. I think Representative Beverly
23 made a suggestion earlier that we table the
24 bill and so we can sit down and work out
25 those differences. I'd love to do that, to

1 be honest with you.

2 Representative Setzler: But I'd like
3 Ms. Nicely to speak to your question about
4 the value of a life.

5 MS. NICELY: Yes, I believe that all
6 life is precious and would hope that it
7 would not have any exceptions.

8 MADAM CHAIR: Sorry. Did I miss a
9 question?

10 Okay. You have 19 and a half left on
11 your minutes. Sorry.

12 All right. Next?

13 REPRESENTATIVE SHANNON: I'm
14 Representative Shannon and I appreciate the
15 doctor sharing her abortion story and now
16 I'll share mine.

17 I had an abortion almost 20 years
18 ago. I did not regret the decision then
19 and I do not regret it today.

20 We can talk about the -- we can talk
21 about our differences and values about
22 whether or not you think a woman should
23 have the right to choose. But if the
24 sponsor has done any research on this bill,
25 he knows that in other states where they've

1 passed restrictive abortion bans, it has
2 always resulted in a pitting of the doctor
3 -- a pitting between the doctor and the
4 patient, which has resulted in doctors
5 having to turn in their patients. And,
6 therefore, you see patients lie about --
7 lie about their health needs and what has
8 gone on with their healthcare.

9 And we have even seen women in
10 Georgia criminalized and taken to jail
11 because they attempted pregnancies in areas
12 where they did not have access to OBGYNs
13 and so we've already seen those issues.

14 We can all agree that we have a
15 shortage of specialists. We all know that.
16 We do agree on those points. We would not
17 want to pass a bill like this which would
18 have the unintended consequences of driving
19 more doctors out of the state.

20 I yield the rest of my time to Dr.
21 Krystal Redmond.

22 DR. REDMOND: Good afternoon. Thank
23 you for allowing me to speak.

24 Thank you, Representative Shannon.

25 Again, my name is Dr. Krystal

1 Redmond. I'm a public health physician in
2 the State of Georgia. I'm here on behalf
3 of Spark Reproductive Justice Now. We're a
4 reproductive justice organization in
5 Georgia as well as on behalf of the
6 Reproductive Health Rights and Justice
7 Coalition in Georgia.

8 In considering Georgia's extreme
9 inferior and detrimental health crises,
10 especially amongst black women and queer
11 and trans folks, we should be here to
12 discuss proactive ways of advancing our
13 healthcare systems, practices and outcomes.
14 Rather our fellow legislators are playing
15 politics with our wombs in Georgia.

16 We are here to discuss inserting
17 government in our family's personal and
18 private life decisions.

19 I am sure that this Health and
20 Service -- excuse me -- Health and Human
21 Service Committee is aware of Georgia's
22 current status of our health report cards.
23 However, let me go over a few statistics so
24 I can make sure we're all on the same page.

25 First and foremost and most

1 importantly, we have not expanded Medicaid
2 and our rural hospitals are closing at a
3 rapid rate, which typically the first
4 service to go is our labor and delivery
5 ward. We have biomedical inequities and
6 limited to zero access to comprehensive
7 healthcare for marginalized groups in the
8 State of Georgia.

9 The CDC has issued a pandemic warning
10 due to our astronomical HIV rates and it's
11 compatible rates to Third World countries
12 as some of my colleagues have stated.

13 We are in a maternal health crisis,
14 specifically for black women who are three
15 to four times more likely to die due to
16 pregnancy-related issues than white women.

17 Again, as our colleagues have said,
18 we are fifth -- 50th -- excuse me -- in the
19 nation -- in our country in negative black
20 maternal health outcomes and 48th for women
21 overall.

22 Our current healthcare laws are
23 outdated and are not supported by
24 evidence-based medical knowledge and modern
25 science such as our HIV criminalization

1 laws and we have no uniform comprehensive
2 sexual education program in the State of
3 Georgia.

4 I can continue on with this list and
5 lay out our healthcare landscape, but we're
6 here for specifically House Bill 481.
7 Georgians deserve policies and systems and
8 structural barriers to adequate
9 reproductive and comprehensive care and
10 provide universal and meaningful access to
11 quality healthcare.

12 And as a public health doctor and
13 former director of our family planning
14 division for the Georgia Department of
15 Public Health, I would love more than
16 anything to be standing here today to
17 discuss how we can strategically work to
18 inform and improve all of the factors I
19 just mentioned. But instead we are here to
20 discuss this bill that is designated to
21 attack and hurt Georgians and worsen our
22 healthcare outcomes.

23 So, again, let's talk about it. This
24 blatantly unconstitutional bill is an
25 attempt to ban Georgians from having the

1 ability to receive abortion care, even
2 banning abortions in the very early stages
3 of pregnancy as early as six weeks and
4 before many people know they are even
5 pregnant.

6 This bill is cruel, misinformed and
7 dangerous. Georgians are tired of our
8 government politicizing very personal and
9 private decisions that should be made by
10 individuals in consultation with their
11 physicians and their families.

12 Additionally, providers who, like myself,
13 also vote and are tired of legislators
14 interfering with our provider-patient
15 relationship which, in effect, hinders our
16 quality of care we can administer.

17 Besides the bill not only
18 criminalizing abortion before most people
19 know they are pregnant, there are other
20 alarming factors such as there is no
21 exception with the amendments here to rape,
22 incest or medical anomalies. So if you can
23 detect a fetal heartbeat but there is still
24 another anomaly which makes the fetus
25 incompatible with life, the patient will

1 still be forced to carry to term and endure
2 mental anguish as well as to be put at risk
3 for sepsis and infections.

4 This bill does not consider if the
5 patient has been diagnosed with a terminal
6 or chronic medical condition. It also does
7 not consider the differentiation between a
8 medical and surgical abortion and a
9 spontaneous abortion, also known as
10 miscarriage. So in the event a person who
11 was to experience a miscarriage and was in
12 need of medical intervention, that provider
13 is now at risk of criminalizing --
14 criminalization -- excuse me -- and
15 prosecution just for providing needed care.

16 Or the patient would be at risk of
17 infection and sepsis again because the
18 miscarriage is incomplete and tissue from
19 the pregnancy still remains in the uterus.

20 This bill creates concern in the
21 medical community around potential
22 prosecution solely for doing our job and as
23 a result will push OBGYNs and other medical
24 professionals outside of Georgia as some of
25 my colleagues have stated. And, as I

1 mentioned in my opening statement, we
2 cannot afford any additional negative hits
3 on our healthcare outcomes based on lack of
4 providers in our state.

5 This bill will require pregnancies to
6 be counted in state populations as well as
7 state income tax purposes. So my question
8 to this committee is: Who will be
9 providing the State of Georgia with each
10 patient's medical records and will this
11 affect any type of HIPAA violations.

12 Last, medically performing an
13 abortion at or before six weeks puts our
14 patients at risk of complications and is
15 perilous to perform at that point as the
16 embryo is difficult to detect on the
17 ultrasound which makes it difficult to
18 detect the person is pregnant as well as
19 obtaining confirmation that the pregnancy
20 was successfully terminated.

21 This is exactly the reason why
22 legislators who do not have medical
23 backgrounds should not be making decisions
24 on policies around medical practices as
25 evidence-based best medical practices not

1 being considered in these policies.

2 Lastly, we know that this is
3 unconstitutional under current Supreme
4 Court precedent which this bill is
5 specifically challenging. Why should
6 Georgians pay to implement and defend a
7 clearly unconstitutional attack on our
8 bodies and our pocketbooks? The decision
9 about whether and when to start or grow our
10 families should only be made when the
11 person is in consultation with family and
12 provider.

13 When people can make decisions that
14 are best for their lives, families thrive
15 and we build communities where each of us
16 can participate with dignity and equity.
17 Bodily autonomy is a human right and a
18 tenet of reproductive justice. The
19 government should not interfere in these
20 personal decisions. It's time lawmakers
21 that call themselves, quote, unquote,
22 pro-life, spend their energy focusing on
23 the very real problems Georgians face such
24 as, like my colleague said, 79 to 80
25 counties that have no OBGYN and our

1 maternal mortality rates which no one --
2 which are the worst in our nation.

3 And, again and lastly, the author of
4 this bill has said trust doctors and
5 doctors are saying no to this bill.

6 Thank you. And I'll accept any
7 questions.

8 MADAM CHAIR: Questions? They have
9 five minutes left.

10 Wait, we've got a question.

11 REPRESENTATIVE SCHOFIELD: Well, just
12 to your point. I found out that the ACLU
13 would -- that rape and incest provisions
14 would likely require a court order. Can
15 you tell me if you're aware of that?

16 REPRESENTATIVE SETZLER: Do you need
17 more detail?

18 REPRESENTATIVE SCHOFIELD: Well,
19 obviously we don't know if the embryo at
20 conception is at a certain point and if
21 there's a rape and an incest, how do we
22 prove and wouldn't that require that there
23 would be a court order mandated for us to
24 even prove that?

25 REPRESENTATIVE SETZLER: In the

1 statute, we require that. In the statute
2 if you read the bill and I can point you --

3 REPRESENTATIVE SCHOFIELD: Oh, I read
4 the bill.

5 REPRESENTATIVE SETZLER: -- let me
6 point you to page six of the bill.

7 And once again, if the ladies would
8 look, the result of rape or incest which an
9 official police report has been filed
10 alleging the offense of rape or incest.

11 So I feel like this gives a very
12 broad berth. If the lady would prefer a
13 court order, then we could entertain your
14 amendment to do that. I think from my
15 vantage point, I think it's probably more
16 accommodating to someone if they file a
17 police report which is an official
18 statement, then they would be cleared to
19 follow through this.

20 I agree inserting a court order in
21 there is a policy question. If the lady
22 thinks that's to her likings, then I would
23 entertain that debate.

24 REPRESENTATIVE SCHOFIELD: But to my
25 colleague's point that rapes are not even

1 ever reported, so...

2 REPRESENTATIVE SETZLER: I think the
3 goal here is that if there is a police
4 report filed, the threshold would be
5 satisfied.

6 REPRESENTATIVE DRENNER: Thank you,
7 Madam Chair.

8 Chairman Setzler, I have also been
9 looking at lines 163 through 166 that my
10 colleague just brought up, and it strikes
11 me that the Me Too Movement began in 2017.
12 So you had a lot of women that perhaps had
13 been raped -- we've not heard about incest
14 yet -- waited a long period of time to come
15 forward.

16 I'm disturbed by this official police
17 report. When you -- how do you address
18 that in your line of thinking? What
19 factors do you think forces a woman to see
20 an abortion?

21 REPRESENTATIVE SETZLER: Well, those
22 are maybe different questions. Do you want
23 me to answer what leads a woman to seek an
24 abortion or do you want to speak to the
25 police report question?

1 REPRESENTATIVE DRENNER: Both, if you
2 don't mind.

3 REPRESENTATIVE SETZLER: Okay. Let
4 me say first of all, all children in the
5 womb are human beings. They are worthy of
6 protection. And we talk about the issue
7 that was raised -- to address your point.
8 The issue was raised about this bill being
9 a cruel bill.

10 Every child that's aborted is either
11 chemically aborted or they're pulled apart
12 piece by piece from inside their mother.
13 In fact, the medical practice requires that
14 when children are aborted and pulled apart,
15 whether it's through suction or through
16 instruments, the doctor has to reassemble
17 all their body parts to make sure all the
18 parts have been assembled outside to make
19 sure everything has been evacuated from the
20 womb.

21 That's what is happening to every
22 single child. 30,000 children a year,
23 that's happening to. That is the most
24 brutal cruelty of anything that happens
25 legally in this state under us as the

1 General Assembly.

2 So to your point, I'm sensitive to --
3 I'm very sensitive to women who are in
4 crisis circumstances. Ms. Nicely talked
5 about that she dedicates her life to
6 supporting these women --

7 MADAM CHAIR: Wait a minute.

8 Representative Setzler, if what you
9 described is the way it happens, I agree
10 with you that's cruel. But it's not more
11 cruel than anything that's ever happening
12 to any of our children in our state.

13 We just had children starved, left in
14 a cage to where their arms would not go out
15 and then the families put them out like
16 this and striped them to a tube to try to
17 -- so that when the authorities couldn't do
18 it -- and starved to death and then buried
19 in a backyard.

20 So, you know, I would take exception
21 to that about the cruelty. Okay?

22 REPRESENTATIVE SETZLER: All of these
23 are horrible --

24 MADAM CHAIR: Horrible stories. But
25 horrible things are happening to Georgia

1 children. Okay. Horrible things. I'm
2 sorry. I'm passionate about what's
3 happening. Okay.

4 Are you through, Representative
5 Drenner?

6 REPRESENTATIVE SETZLER: In answer to
7 your question very briefly, Madam Chair.
8 It's the difficulty of that circumstance
9 that you're outlining. Members have come
10 to me and said because of the difficulty of
11 that circumstance, let's try to bring this
12 legislature together in a bipartisan way
13 and let's recognize that if we're going to
14 have a prohibition for abortion at a point
15 of fetal heartbeat -- members have come to
16 me and said, Representative Setzler, can we
17 give them to 20 weeks. And I weigh the
18 value of these precious human lives which
19 we know are human and worthy of protection
20 and the sentiment among our body and in
21 weighing that out, I've tried to recognize
22 that in this amendment because of the
23 seriousness and the circumstances you're
24 talking about.

25 Right now, under this they would have

1 the same 20 weeks under this bill they have
2 today. That would not change. So women
3 who are raped today have 20 weeks to make
4 this decision. That would not change under
5 this bill because of the circumstances you
6 raise.

7 MADAM CHAIR: Two more questions.
8 Representative Mitchell.

9 REPRESENTATIVE MITCHELL: Thank you,
10 Madam Chair. I'll be very quick. It just
11 illuminated a line 164 through 166. Let me
12 just ask that the author, my good friend,
13 Chairman Setzler, to -- let me make sure I
14 understand this.

15 To take advantage of the political
16 exception, you have to allege that you've
17 either been raped or been impregnated by a
18 family member and file a police report.
19 And, therefore, you can take advantage of
20 the political exception.

21 Is that correct?

22 REPRESENTATIVE SETZLER: Again, I
23 challenge the gentleman's premise. It's
24 not a political exception.

25 And I don't think we can -- I don't

1 want to accuse the gentleman -- I'm sure
2 you're not trivializing this. We're not
3 creating a circumstance where people can
4 just go down there and make a false
5 statement. We're -- this exists for women
6 who have been through the horror of a rape
7 and there's nothing -- that's not
8 trivialized and that's not -- we're not
9 giving them the ability to skip down there
10 and do anything trivial. This is a very
11 serious circumstance.

12 We've provided a mechanism that in
13 filing an official police report, they can
14 have access to what I believe is a bad
15 decision. But I'm trying to make this an
16 issue that we can come together in a
17 bipartisan way.

18 REPRESENTATIVE MITCHELL: Right. If
19 I may, Madam Chair, further.

20 You started out as proposing a bill
21 of how scientific it was. I heard no
22 differentiation between the scientific
23 difference of a person being impregnated by
24 -- any different than being incest or --
25 so, therefore, in order to get more people

1 to vote for the bill, political
2 considerations, we put this in, which I
3 think on its face makes it flawed.

4 REPRESENTATIVE SETZLER: Again, to
5 your point. If you can help lead this
6 General Assembly to a point where we
7 recognize all children, I'd have you join
8 me -- I'd love to have you join me in
9 leading that. I think the question is in
10 the balance of things -- the question
11 Representative Drenner raised is what's
12 best --

13 REPRESENTATIVE MITCHELL: I agree.

14 REPRESENTATIVE SETZLER: -- in this
15 very imperfect world we live in.

16 REPRESENTATIVE MITCHELL: Thank you,
17 Madam Chair.

18 MADAM CHAIR: Representative Henson.
19 Short and sweet.

20 REPRESENTATIVE HENSON:
21 Representative Setzler, I'm very concerned
22 about forcing a woman to file a police
23 report against a relative or a boyfriend
24 where something, as someone earlier
25 testified, it could be someone you know

1 that got rough one night or something
2 happened and you end up pregnant. A woman
3 ends up pregnant. Not you, of course.

4 Because at that point, you start
5 investigations. You know, we could
6 continue on with that. But a police
7 report.

8 And, here's my other question with
9 the police report. Filing it is one thing.
10 But at one point, a woman could say I was
11 raped. But does the investigation have to
12 prove it in order for her to get an
13 abortion? Do the police have to
14 investigate before she gets an abortion to
15 prove it really was a rape? I mean, when
16 you're giving those as the only two
17 exceptions --

18 REPRESENTATIVE SETZLER: Ma'am, I
19 don't know which side of the question
20 you're arguing on. If you're arguing to
21 require a police investigation to be
22 completed before the woman has an abortion,
23 then let's debate -- is that what you're
24 suggesting?

25 REPRESENTATIVE HENSON: Well, I'm

1 asking you if that's what is supposed to
2 happen. I mean, you have no time frame in
3 this. You're just saying, you know, a
4 police report must be filed. And I'm
5 trying to find out at what point I file a
6 police report.

7 I get raped. I file a police report.
8 Now, do I have to deal with the police and
9 everything else or can I go forward -- if I
10 find out --

11 REPRESENTATIVE SETZLER: Yes, you
12 can. Under this bill, you file the police
13 report, it's an official statement. Then
14 you can go forward. And then if you want
15 to raise the threshold, you want to make it
16 more -- if you want to put additional
17 police requirements to finish -- to
18 complete investigations, if you want to
19 pile that on, if you want to offer that as
20 an amendment, then this committee -- the
21 Chair would probably take -- what I sense
22 though in respect to the lady is you're
23 trying to -- you're trying to sharp shoot
24 this and create sort of an attack on it
25 without there being a substantive

1 recommendation.

2 The question is as we balance these
3 things out, I don't believe -- if we do
4 this, if there's a consensus in this body
5 to provide a woman between heartbeat and 20
6 weeks an opportunity to have an abortion if
7 she was raped, if you want to make it more
8 rigorous and have more things have to
9 happen, then you can offer that.

10 REPRESENTATIVE HENSON: No, I just
11 was asking --

12 REPRESENTATIVE SETZLER: I'm trying
13 to achieve a bipartisan consensus on this
14 in a way that we can all be very proud of.

15 REPRESENTATIVE HENSON: You know, you
16 keep talking about bipartisan and I really
17 wish you'd stop using the expression
18 bipartisan because it might not be a
19 political bipartisan of
20 Republican-Democrat, but there is a real
21 partisan split between those who support
22 your position and those that are supportive
23 of my position. A real split there.

24 MADAM CHAIR: Thank you,
25 Representative Henson.

1 Representative Newton, let's keep
2 them short and sweet.

3 REPRESENTATIVE NEWTON: Short and
4 sweet. We've got the bill sitting before
5 us in this incredibly difficult situation
6 we're talking about about rape. Is there
7 anything in this bill that would prohibit
8 the morning after pill or Plan B?

9 REPRESENTATIVE SETZLER: Appreciate
10 the question.

11 Once again, I believe that -- we
12 talked about my stance on life. This does
13 not prohibit the morning after pill and
14 this would not prohibit any chemical
15 abortion from the time the woman becomes
16 pregnant, conception until there is the
17 presence of the heartbeat.

18 So if there is a woman that was raped
19 and she wanted to take Plan B as a -- or
20 the morning after --

21 REPRESENTATIVE NEWTON: Require no
22 reporting of anything.

23 REPRESENTATIVE SETZLER: Require no
24 reporting. That's completely available.

25 REPRESENTATIVE NEWTON: Thank you.

1 MADAM CHAIR: Okay. Representative
2 Hutchinson.

3 REPRESENTATIVE HUTCHINSON: Thank
4 you, Madam Chair.

5 I have a question about the same
6 section. For the exception of incest, can
7 you explain to me how a woman would prove
8 she was the victim of incest.

9 REPRESENTATIVE SETZLER: Yeah. I --
10 this is a question that was brought to me
11 by some of our members. Incest is still a
12 crime in Georgia and it's a very delicate,
13 sensitive issue.

14 I'd love to get the members' thoughts
15 about whether this stays in or comes out.
16 If the lady thinks this is a better law
17 with incest coming out, then we can discuss
18 that. It's a question that when it's
19 raised, it can be a very delicate
20 circumstance.

21 And I had some people urge me to
22 include it as part of trying to find the
23 kind of balance we're trying to seek. But
24 if the lady would like to take it out, I'd
25 be -- I'd leave it to the wisdom of the

1 committee to entertain that as an
2 amendment.

3 REPRESENTATIVE HUTCHINSON: I think
4 taking it out would make things more
5 difficult, I would think. Because if a
6 woman is a victim of incest, the only way
7 to definitively prove would be a DNA test.
8 And that cannot be done before six weeks
9 without a significant danger to the mother.

10 REPRESENTATIVE SETZLER: And, again,
11 it's my belief that if a woman is to the
12 point of filing a report, then that's --
13 they've crossed the legal threshold to make
14 sure it's not just a flippant statement,
15 but they've crossed the legal -- if it
16 gives rise to crossing the legal threshold,
17 I think that's perhaps the right balance.

18 MADAM CHAIR: Representative Sharper.

19 REPRESENTATIVE SHARPER: Thank you,
20 Madam Chair.

21 I just wanted to go on record as
22 saying that I think that the bill that we
23 have here in front of us, that is those are
24 the only exceptions, you know, for
25 abortion, that we're going to have a lot of

1 people in Georgia that are going to be
2 investigated and falsely accused, I
3 believe, because there's no other out. So
4 that's why -- you know, you're saying
5 you're looking to work with everybody, I
6 think we need to table this so we can come
7 up with something that would be better, you
8 know, for our citizens. I just wanted to
9 go on the record that this bill is not
10 ready to go forth and be voted on.

11 MADAM CHAIR: Representative Bennett.

12 REPRESENTATIVE BENNETT: Thank you,
13 Madam Chair. And I'll be brief. And you
14 may have already addressed this. I did
15 have to step out for a moment. I
16 apologize.

17 Are there any provisions in this bill
18 to -- that covers a mother who may be
19 diagnosed with cancer or any type of severe
20 condition that may require some drugs or
21 treatment that would endanger the embryo?

22 REPRESENTATIVE SETZLER: I thank the
23 lady for the question.

24 If you would -- if I could direct
25 your attention to lines 156 through 162 of

1 the bill. If in the doctor's reasonable
2 medical judgment -- many think that that
3 gives doctors too much flexibility. We
4 could debate that. I think we've -- but in
5 the doctor's reasonable medical judgment if
6 they believe that the abortion is necessary
7 to avert the death of the pregnant woman,
8 if it's an ectopic pregnancy, there is a
9 pregnancy that -- if becoming pregnant, the
10 child was lodged in her fallopian tubes and
11 that could lead to her death, then we allow
12 for that as an exception.

13 Likewise, if it would lead to the
14 impairment of a major bodily function or
15 organ, organ failure, then that is provided
16 for on lines 156 through 162.

17 And, again, I think it becomes a
18 circumstance of making the decision around
19 lives. Some mothers may choose to risk it.
20 But we do provide women that opportunity if
21 their life is in jeopardy, that they have
22 that exception.

23 REPRESENTATIVE BENNETT: Madam Chair,
24 just a follow-up, please, briefly?

25 MADAM CHAIR: Okay. Yes.

1 REPRESENTATIVE BENNETT: So I'm
2 imaging that if a woman knowingly has
3 cancer or any other type of condition that
4 requires some type of medical treatment
5 that has already proven to be adversely
6 impact their embryo, does the mother have
7 to continue on until they find out that
8 that has impacted or created an issue or
9 problem with the infant -- or fetus?

10 REPRESENTATIVE SETZLER: Again, I
11 will say this: It's my belief there are
12 circumstances where oncologists are able to
13 treat women that have cancer that are
14 pregnant without losing the child.

15 But what we do provide here is if the
16 child is going to -- if the presence of the
17 -- the woman being pregnant, if the
18 presence of the child in her womb is going
19 to lead to her death, we do give physicians
20 an option to take the child -- take the
21 child's life in abortion if that's --

22 REPRESENTATIVE BENNETT: That's a
23 slippery slope and didn't quite answer my
24 question. But I yield. That's okay.

25 REPRESENTATIVE SETZLER: I'm trying

1 to. I'm not sure I understand it, but --

2 MADAM CHAIR: Representative Frye has
3 not asked a question. Representative
4 Mitchell, I'm going to skip you since you
5 have.

6 Representative Frye, you're the last
7 question on this one.

8 REPRESENTATIVE FRYE: Thank you,
9 Madam Chair.

10 I have three real quick ones.

11 MADAM CHAIR: Okay. Go quickly.

12 REPRESENTATIVE FRYE: Very quickly.

13 How many women are pregnant at any
14 given time in this state?

15 REPRESENTATIVE SETZLER: We have
16 about 130,000 births a year in Georgia,
17 plus or minus.

18 REPRESENTATIVE FRYE: Okay. If you
19 look at lines 131 through 133, I'm just
20 trying to figure out exactly what that
21 means "any stage of development". I'm not
22 a doctor. You know that. You know me.

23 What's that earliest stage of
24 development that's allowable.

25 Under this legislation that gives

1 rights to maybe a cluster of cells? Is
2 that what we're doing here?

3 REPRESENTATIVE SETZLER: What we're
4 doing here is if a woman finds that she's
5 pregnant and has a medically confirmed
6 pregnancy test -- not from the drugstore
7 but medically confirmed -- then we know
8 that she's got a living, distinct human
9 growing inside of her and we recognize
10 that, she immediately begins incurring
11 healthcare costs. She's taking prenatal
12 vitamins. She's going to the doctor more.
13 Those things happen.

14 So we recognize it as soon as she has
15 a medically verified pregnancy.

16 REPRESENTATIVE FRYE: Okay. But I
17 want to point out that it does say "any
18 stage of development", not medically
19 verified as far as the legislation is
20 concerned.

21 REPRESENTATIVE SETZLER: That's
22 correct. And, again, as you talk about,
23 you know, what we put in statute and what
24 we leave to rule-making. The medical
25 verification of a pregnancy is nowhere in

1 our statues with respect to public
2 benefits. That's in rule making about who
3 can do that, under what circumstances.

4 But we're trying to provide just the
5 appropriate amount of detail here.

6 REPRESENTATIVE FRYE: One last
7 question.

8 In lines 289, 290 and 291, will there
9 be instituted a standard behavior for any
10 female who is pregnant with a heartbeat in
11 order that they're not getting charged with
12 a crime for a miscarriage or any activity
13 that they may engage in?

14 I think what this section does is
15 turn our women in the population who are
16 pregnant into literal incubators where we
17 sit them up in a certain spot for fear that
18 if they go running, if they're biking,
19 seven weeks pregnant, something goes wrong,
20 can't they be held liable for a crime
21 according to this legislation?

22 REPRESENTATIVE SETZLER: Thank you
23 for the question.

24 What this does is, this simply -- it
25 moves the threshold for homicide. Homicide

1 being a civil finding of -- it's -- you
2 think about a wrongful death case. If
3 there's a homicide that leads to a death,
4 that gives rise to like a wrongful death
5 circumstance.

6 Currently the standard is at
7 quickenning. And quickenning is somewhere,
8 15, 18 weeks depending on the
9 circumstances. That's when the woman can
10 feel the baby sort of kicking around. That
11 goes back hundreds of years in the English
12 common law tradition. That when there is
13 movement of the child inside that can be
14 recognized, that's when these full legal
15 rights accrued from a civil perspective.

16 That's our existing law today. What
17 this does is it moves it from this sort of
18 hard to define quickenning standard which
19 isn't written in code, it's in case law,
20 and defines it as when you've got the
21 heartbeat, then those rights attach.

22 It's sort of quickenning 2.0. They
23 couldn't see the heartbeat beating 200
24 years ago in the 18th Century when this
25 became standard and even earlier. It just

1 -- it puts it in code that heartbeat is the
2 threshold and not quickening. So it moves
3 it from 15 weeks to somewhere in the six to
4 eight range depending on the detection.

5 MADAM CHAIR: All right. We're going
6 to go to the last -- Setzler's group, who
7 do you want to speak?

8 REPRESENTATIVE SETZLER: I think I'd
9 just call for Ms. Hobbs.

10 MS. HOBBS: Hello everyone. My name
11 is Heather Hobbs. I'm with Save the One.
12 We are a global organization with over 600
13 plus women who have come to us who
14 conceived in rape. And all of those women
15 who have come forward were also advised to
16 abort by their doctors.

17 They come to us specifically because
18 we advertise and post: We're here for you.
19 We want to talk to you. We want to help
20 you. And I'd really encourage you to check
21 out our organization.

22 Three of my four children -- I've got
23 four already -- three of them were
24 recommended for abortion. And as I've
25 watched all of you today, I keep hearing

1 about the cases of rape. And when I was 19
2 years old, my first child was conceived in
3 rape. I was raised to be pro-choice. I
4 thought I was pro-choice. I thought I was
5 for women's rights. I thought it was
6 reproductive healthcare.

7 I had that child that I conceived
8 from rape who my doctor told me to abort
9 and that it was a justifiable, ethical
10 reason to abort.

11 My second and third children --
12 excuse me -- my second and third child,
13 they were said to be a threat to my life.
14 My son, Tristen, who is now five, i had
15 late diagnosed gallstones and acute
16 pancreatitis that caused me to go into
17 sepsis repeatedly. They were blaming the
18 pregnancy and said you can just have
19 another one.

20 My third child, Giddeon, at 24 and 25
21 weeks, he was diagnosed with Meconium
22 Pseudocyst. They said he had zero percent
23 chance of survival and that he was a threat
24 to my life.

25 You can imagine as a mother hearing

1 this three separate occasions was very
2 difficult. And by the time I had got to
3 Giddeon, I was very hurt and outraged.
4 Each of these amazing three children has
5 value. They are a person with value just
6 like you or I.

7 I want to speak on behalf of HB 481
8 maintaining not discriminating against
9 those who have been conceived in rape.
10 Many people who are for abortion claim it's
11 barbaric to force a woman who has conceived
12 in rape to carry a child, the child of a
13 rapist.

14 But I am telling you today that my
15 child is not the child of a rapist. She is
16 a child of a rape survivor and because of
17 her, she offered me healing and hope and
18 strength. Having an abortion would have
19 been a second trauma to my body.

20 Can you imagine a woman who has
21 recently been raped which is already a
22 brutal and horrific thing, and now we have
23 asked her -- the doctor has advised her to
24 have an abortion.

25 And think about what an abortion

1 entails. Think about what she is going to
2 have to be awake and aware, aware of this
3 situation where they are going into a very
4 sensitive recently traumatized area of her
5 body. Can you imagine the second trauma
6 that would be?

7 I find it horrific that we are, as a
8 society, discriminating against babies and
9 punishing them for another person's
10 actions. If your biological father raped
11 someone right now and we sent the police to
12 your home. They knocked on your door.
13 They arrested you and they gave you the
14 death penalty.

15 You got the death penalty for what
16 another person did. Would that be fair?
17 It wouldn't be. We would all be outraged.
18 We would all be upset. And I am so
19 disappointed and hurt to see children like
20 my daughter or like my two sons that are
21 exploited with being unworthy of life, that
22 they are less than human, they don't
23 matter.

24 Do not exploit children like mine,
25 please. I beg of you. Don't advocate for

1 these false beliefs that is in some way
2 helping women like me to have an abortion,
3 to give them an abortion when it's only
4 that trauma, especially -- especially in
5 cases of rape. Imagine enduring that
6 dangerous invasive procedure.

7 Rapists, child molesters and sex
8 traffickers love abortion. It enables them
9 to continue perpetrating again and again.
10 Our network of women grieve at how
11 continually we are saying that they're the
12 exception, that they're devalued and they
13 don't matter. We are sending the message
14 to these people that they're not worthy of
15 life or deserving to be here. Exceptions
16 deny the right to life and deny equal
17 protection.

18 I know that you guys touched on the
19 14th Amendment and I know that we discussed
20 that no state shall deny a person equal
21 protection of the laws, deprive a person --
22 excuse me -- deprive a person of right to
23 life without due process.

24 I also wanted to take a moment
25 because there is something that -- I

1 believe it was Representative Mitchell said
2 that I agreed with about the lack of
3 scientific difference between a child
4 conceived in rape and a child that's not.
5 That really struck me. There is no
6 difference. These are children. These are
7 precious babies.

8 So I know that I'm running out of
9 time here. I wanted to summarize by saying
10 I really hope to raise my children in a
11 country that does not discriminate babies
12 based upon race, gender, disability or way
13 of conception. I am urging you to please
14 pass on HB 481 without exceptions so that
15 we do not send the message to our people
16 groups that their lives are worth less than
17 anyone else.

18 Thank you.

19 MADAM CHAIR: Representative Petrea,
20 you had a question?

21 REPRESENTATIVE PETREA: Yes, Madam
22 Chair.

23 I just wanted to say to the lady, we
24 appreciate very much. We can tell how
25 heartfelt this is to you. And to everyone,

1 I just wanted to call -- something just
2 struck me as I was sitting here because
3 everybody here is passionate about this.
4 And to both sides, I want to say this: It
5 has struck me, we're talking about human
6 beings.

7 Recently on the Georgia coast, we
8 sentenced a man to 21 months in jail for
9 stealing turtle eggs. Turtle eggs.
10 Embryos of turtles. We sentenced that man
11 to 21 months in jail.

12 And today, we're talking about --
13 regardless of which side we're on. I saw
14 that loud and clear as I was listening.
15 We're talking about human beings and so I
16 appreciate that you're here and others are
17 here and that we're having this
18 conversation because it is an important
19 discussion and that's what I -- it's an
20 important discussion. Far more important
21 than anything else we could be discussing
22 today. So thank you for being here.

23 MADAM CHAIR: Thank you. Okay.
24 Representative Hutchinson, last question on
25 this and we'll go --

1 REPRESENTATIVE HUTCHINSON: I just
2 wanted to commend the young lady for her
3 story and for your organization and for the
4 services that you provide. And I am so
5 happy that you were able to have that
6 choice to raise your children.

7 But as a professional social worker
8 for the last 20 plus years, I can tell you
9 that you have skills that not everyone has.
10 Not everyone has the coping skills that you
11 have. Not everyone can handle the
12 situation that you are in.

13 That's why I'm glad that you had your
14 choice and I'm glad that women have their
15 choice just in case they can't handle what
16 you did. That's it.

17 MS. HOBBS: For clarification, so
18 you're saying still that it's okay to kill
19 an innocent human --

20 MADAM CHAIR: I don't think you need
21 to ask that question. Thank you.

22 And I do want to say to some of the
23 people that have testified, we are terribly
24 lacking in physicians to take care of women
25 across this state. And regardless of which

1 side you're on, I would like to say that
2 when doctors tell -- and as a healthcare
3 professional and a husband who is a
4 physician -- when they tell women that they
5 think it would be best to abort, they're
6 doing it not out of malice. On the best of
7 their medical knowledge. Do some people
8 survive and have a healthy baby? Yes, they
9 do. But there are other women when they
10 decide not to abort, who die because of
11 septicemia and the things it caused.

12 So I just want to make sure that we
13 are not sending a message out across our
14 state that we think all doctors when they
15 make such a recommendation are doing it on
16 a fact that they want somebody to have an
17 abortion. They're doing it based on the
18 best medical knowledge.

19 And I, for one, appreciate every
20 physician in this state.

21 Are there some bad doctors? Yes.
22 But 99 percent of them are there to help
23 patients and do the very best they can.
24 And that even includes you, Mark, a person
25 that's on my committee. So you're in the

1 99 percent. You're welcome. Just wanted
2 to make that perfectly clear along this
3 way.

4 Okay. I'm going to -- there is five
5 minutes left on the against and I had
6 somebody that gave me a piece of paper to
7 sign him up and I didn't do it. So I'm
8 going to take that time and give that time
9 to John Walraven or part of it or whatever.
10 I'm sorry. We've had a lot from our reps,
11 but...

12 And y'all have 13.5 minutes left.

13 MR. WALRAVEN: Thanks, Madam Chair
14 and members of the committee. I'm John
15 Walraven. I represent Georgia Reproductive
16 Endocrinologists. And I want to thank all
17 the physicians who decided to come up here
18 today and testify.

19 I'm going to scrap everything pretty
20 much I was going to talk about tonight and
21 just get to the point. First of all, I
22 want to say that everybody in this room who
23 has been here for any amount of time that
24 has ever interacted with Ed Setzler know
25 that the representative is coming into this

1 debate with a pure heart and the best
2 intentions and only has really just
3 truthfully the very -- the most pure
4 reasons for doing what he's doing. And
5 that is absolutely true.

6 One thing I would like to just point
7 out to the committee is that in the
8 beginning of this calendar year, we had
9 some atrocious abortion-related bills
10 introduced in Virginia and New York.

11 The very idea that we would be
12 looking at trying -- in the United States
13 to try to codify the ability to terminate a
14 delivery is just -- I mean, it's
15 unspeakable.

16 The hardest part to accept of that
17 whole thing was the representative -- the
18 delegate rather in Virginia who opined that
19 what a physician would be charged with
20 doing would be to take that delivered child
21 and keep it comfortable until it died.

22 And Georgia prevented that from being
23 able to happen with House Bill 954 a few
24 years ago because we made changes to that
25 bill as it went through the process to

1 where if a baby was going to be delivered
2 with a fetal anomaly like no heart, no
3 lungs, no brain, the baby wasn't going to
4 live, we allowed an exception to that
5 abortion bill -- to that abortion law of 20
6 weeks. 20 weeks which is based on science.

7 The notion that there was fetal pain,
8 that there were pain receptors. It's
9 debatable amongst the people in this room,
10 but there was a basis for the rule. That
11 wise decision to prevent a baby within the
12 borders of this state to be delivered and
13 rest comfortably until they expired is
14 being repealed in House Bill 481.

15 We call it the Medically Futile
16 Pregnancy Exception. Not that the
17 pregnancy is futile. No life is futile.
18 But there is only so much medicine can do.
19 You can't put a brain in a baby. You can't
20 rebuild lungs.

21 As a physician testified on the
22 Senate side in that debate through tears,
23 she's a neonatologist, she said the good
24 Lord just didn't make these babies where we
25 could stick a trach down a 20-weeker's

1 throat.

2 Those babies in this bill will not be
3 eligible for abortion. The mother will
4 carry that dying fetus all the way to term
5 and deliver it if this bill becomes law
6 until it rests comfortably and expires.

7 We're better than that. Please, this
8 committee, I would ask you to reinstate the
9 Medically Futile Exception that Georgia has
10 in its law.

11 Georgia's Reproductive
12 Endocrinologists come down here and testify
13 on these things when facts are flawed and
14 science can back up the flaws. And the
15 sponsor of the bill said he wasn't going to
16 spend much time on the findings; but the
17 findings are very, very important.

18 The findings are what tells the
19 United States, puts them on notice that we
20 are about to violate our constitution and
21 these are the grounds that we assert,
22 judge, your honor, ladies and gentlemen of
23 the jury. So at a minimum, they have to be
24 bullet proof.

25 This is not the time to be political

1 or to just fudge a little bit. This bill
2 contains falsehoods that can be easily
3 disproven just using a simple web search.
4 There are claims about the human race that
5 are simply untrue. You've heard testimony
6 tonight from doctors at six weeks after
7 fertilization, a human being does not have
8 a heart. A human being has tissues that
9 are going to form a heart. It will happen
10 sometime around eight weeks, but it's not
11 six weeks. The heart has not formed and
12 what has not formed cannot beat.

13 At line 45, there is a notion that a
14 human being needs nourishment and a safe
15 environment to grow to full adulthood.
16 Anybody who has been a parent knows you
17 need more than food and safety to become a
18 full grown adult and it doesn't take a
19 lawyer to make that argument to the judge.

20 This bill seeks to amend the Georgia
21 Constitution with a state statute. We are
22 trying to find with 91 votes in this House
23 that a fetus is worthy of recognition as a
24 natural person. Can't change the
25 constitution with a general law.

1 The bill states at line 80 that the
2 presence of a fetal heartbeat has become
3 the standard in establishing viability of
4 pregnancy. That is absolutely false. A
5 fetus without a brain or lungs or with a
6 birth defect that has not been detected yet
7 is not a viable pregnancy.

8 And, Dr. Newton, you're right. It's
9 a sign of life. A heartbeat is a sign of
10 life, but it's not a dispositive you're
11 alive or you're dead kind of bright line
12 like the bill wants you to believe.

13 MADAM CHAIR: You need to bring it to
14 a close, Mr. Walraven.

15 MR. WALRAVEN: Yes, yes. Yes, Madam
16 Chair.

17 It's been talked about about the tax
18 implications of this bill. This thing
19 could have gone to Ways and Means and had a
20 physical note. That's a major conflict to
21 pass tax law in the findings. It's
22 actually not even in the bill. It's in the
23 findings.

24 And there is a real exposure here to
25 pregnant women who do have cancer and a

1 patient who is going through in vitro
2 fertilization. The standard of care is to
3 have six or seven embryos in the womb.
4 Only one, maybe two are going to implant.
5 Is that going to be five abortions and if
6 it is, you know...

7 Thank you very much, Madam Chair.
8 Sorry for running over.

9 I'll take any questions if you have
10 any.

11 MADAM CHAIR: No, we're not going to
12 take any questions right now. I'm going to
13 yield time and give the other side an extra
14 minute and a half because he ran over.

15 MS. ROBBINS: Thank you, Madam Chair.
16 My name is Jane Robbins.

17 I wanted to address a narrow issue.
18 Several speakers have made references to
19 the claim that this bill is
20 unconstitutional, suggesting that there is
21 no point in passing it because it will be
22 struck down.

23 I address my remarks narrowly to this
24 claim --

25 MADAM CHAIR: And you are?

1 MS. ROBBINS: Jane Robbins.

2 MADAM CHAIR: No, a lawyer --

3 MS. ROBBINS: I'm a lawyer. I'm a
4 lawyer. In this session, I'm representing
5 Concerned Women for America.

6 MADAM CHAIR: Okay.

7 MS. ROBBINS: It is certainly true
8 that lawyers for big abortion have quickly
9 filed lawsuits against the heartbeat bills
10 that have been passed in other states and
11 the Supreme Court has not yet taken any of
12 these cases to resolve the issue. But
13 there are multiple reasons that this kind
14 of statute should be considered
15 constitutional and reasons that could very
16 well lead the Supreme Court to this
17 conclusion.

18 One reason, according to Supreme
19 Court precedent, the states have a
20 substantial interest in protecting unborn
21 human life. The Eighth Circuit calls it a
22 profound interest in protecting unborn
23 human life.

24 The second reason is that medical
25 science tells us much more about this life

1 now than was available to the courts in Roe
2 and Casey. The most recent of those was
3 1992 and a lot has happened since then.

4 This is one reason that it's
5 constitutionally appropriate for issues of
6 when unborn life should be protected to be
7 resolved by the people of the state through
8 their legislators and not by a court.

9 This is what the Eighth Circuit said
10 about this. Quote: To substitute the
11 court's own preference to that of the
12 legislature is not, underline not, the
13 proper role of the court.

14 The third reason, removing this
15 decision from the legislature means that
16 elected representatives cannot take into
17 consideration advances in medical science.
18 So you have a decision that is there for
19 decades and is completely outdated such as
20 Roe versus Wade.

21 And number four, the facts of Roe
22 versus Wade and the Casey decision have
23 come out now -- or Roe and Doe versus
24 Bolton have come out now. We realize now
25 what was going on in those cases. We

1 realize that the plaintiffs in those cases
2 actually flipped and they were sorry they
3 were ever involved. They were sorry they
4 were dragooned into this and they became
5 very pro-life.

6 We understand now what really happens
7 with abortion is not that you've got the
8 woman sitting with her kindly family
9 physician. Usually -- I'm sure that
10 happens. But generally speaking, you have
11 women going to abortion clinics and their
12 baby will be killed by an abortionist that
13 she has never seen before and she will
14 never see again. There's not a
15 relationship there.

16 And we know much more now about the
17 physical and psychological effects of
18 abortion on women than they knew back in
19 1973.

20 So finally I would just emphasize a
21 federalism point. I helped write a book
22 about this so I may as well put it in.

23 As Abraham Lincoln noted: The
24 founders never intended that all important
25 policies that govern our lives should be

1 made by nine unelected men and women who
2 wear robes.

3 By passing this bill, Georgia can
4 join multiple other states that are
5 reclaiming their constitutional autonomy in
6 this area. Courts, including the Supreme
7 Court, do not act in a vacuum. The
8 justices and other judges are aware of
9 what's going on in the country. They see
10 what's happening in various states. They
11 see what laws states are passing.

12 So I urge you to let Georgia join the
13 other states that have made a bold move to
14 say that under the constitution, this is
15 our role. It is not yours. The 11th
16 Circuit and other courts might very well
17 come to that conclusion.

18 Justice Roberts said once that the
19 states need to start acting like the
20 sovereign entities that they are and I
21 think this is a great opportunity to do
22 that.

23 Thank you.

24 MADAM CHAIR: I have one question in
25 searching this and has been a concern of

1 mine. So far all of the states that have
2 passed a bill with, you know, lower times,
3 all those have been --

4 Excuse me, Representative. I was
5 trying to ask a question. Okay.

6 -- have struck down so far the ones
7 passed by the states.

8 MS. ROBBINS: Most of the cases are
9 still pending. The only --

10 MADAM CHAIR: Well, they're going up.
11 But on the first level, they have been
12 struck down.

13 MS. ROBBINS: On the first level
14 because district court -- the only district
15 courts that have considered it so far has
16 said, well, we hate it, but we're bound by
17 Roe versus Wade and by Casey.

18 What we're saying is that this
19 question is a novel question. The Supreme
20 Court has never considered this. And the
21 11th Circuit might certainly say we think
22 that this is constitutional and then it
23 goes up to the Supreme Court and they
24 decide.

25 MADAM CHAIR: Wait a minute. When

1 you're saying that they haven't -- it's
2 novel. What's novel about ours that's so
3 different from the others? I mean, I'm
4 just trying to understand.

5 MS. ROBBINS: It would be a novel
6 question in Supreme Court jurisprudence.
7 The Supreme Court has not ruled on whether
8 a human life with a heartbeat is
9 protectable.

10 MADAM CHAIR: Okay. But any of those
11 other cases, if they got there before our
12 case would be a chance for them to rule on
13 that, too. Correct? That's what I'm
14 asking.

15 MS. ROBBINS: Well, it would be
16 although it would be great if Georgia -- if
17 all the cases were considered together when
18 they get there.

19 MADAM CHAIR: Okay. I was just
20 trying to clarify that.

21 REPRESENTATIVE SETZLER: And also,
22 Madam Chair, when you think about this
23 bill, there are questions we put before the
24 court of the humanity of the child in the
25 womb that's outside of the abortion

1 context. You know, in the Roe decision, we
2 are -- as we do often in the judiciary
3 committees, when a court ruling comes down,
4 we respond to that with legislation of the
5 bill with our implied consent notice.

6 The way this has been structured is
7 following the prescription of our courts.
8 So we believe we are putting a different
9 thing before the courts that the other
10 states didn't. I think that's an important
11 distinction.

12 MADAM CHAIR: Okay. Thank you.

13 Okay. You still have 11 minutes.
14 You can use it or you can have somebody
15 else speak.

16 REPRESENTATIVE SPETZLER: Madam
17 Chair, we do have more speakers. If it's
18 the pleasure of the committee to act on
19 this, I'd just ask the chair lady how she'd
20 like to act.

21 MADAM CHAIR: Okay. I think,
22 Representative -- okay. I would like to
23 use that time since it's getting late and I
24 am trying to give both sides a fair
25 hearing.

1 I think there may be amendments made
2 and I want to make sure that everybody on
3 the committee has had their say. We may be
4 here a while.

5 REPRESENTATIVE SPETZLER: And if it
6 please the Chair, Madam Chair, the reason
7 the substitute was brought was the
8 expectation was to bring a bill that
9 accommodated concerns that were brought to
10 me. So I would, you know, just ask members
11 to consider that as we consider amendments.

12 MADAM CHAIR: Okay. But it didn't
13 include all of the concerns that were
14 brought to you, if I understand correctly.
15 Some.

16 REPRESENTATIVE SPETZLER: Madam
17 Chair, the substantial concerns brought to
18 me are addressed in the substitute. Yes,
19 ma'am.

20 MADAM CHAIR: All right.
21 Representative Lott, do you have --

22 REPRESENTATIVE LOTT: At the
23 appropriate time, Madam Chair, I'd make a
24 motion.

25 MADAM CHAIR: Okay. I'll take it

1 now.

2 REPRESENTATIVE LOTT: I make a motion
3 do pass.

4 MADAM CHAIR: Wait a minute. I have
5 a motion and a second to do pass.

6 Now is the time for a discussion and
7 amendments.

8 Representative Mitchell.

9 REPRESENTATIVE MITCHELL: Madam
10 Chair, I think the last several speakers
11 have been very, very compelling. I think
12 that what has been mentioned is the
13 terrible -- and I know it's no fault of the
14 author --

15 MADAM CHAIR: Wait a minute. Wait a
16 minute.

17 (Off-the-record comments)

18 MADAM CHAIR: Okay. I'm sorry,
19 Representative Mitchell. Go ahead.

20 REPRESENTATIVE MITCHELL: Okay.

21 The terrible contradictory
22 juxtaposition that we place women in. And
23 when we think about it, what we're saying
24 with line 164 through 166 is that if a
25 woman makes the conscious choice to become

1 pregnant -- or an act that causes a
2 pregnancy, she cannot have an abortion.

3 But if some man abuses her or takes
4 advantage of her, then she would be allowed
5 to have an abortion.

6 And for the other reasons that was
7 just put -- when we talk about the
8 medically futile exception. Madam Chair,
9 I'm going to move that we table this bill
10 so that we can further perfect it and bring
11 forth the kind of legislation that I know
12 the author would rather have.

13 MADAM CHAIR: Betsy, what's the
14 posture on that? We already have a motion
15 to move --

16 (Off-the-record comments)

17 MADAM CHAIR: Okay. I'm going to
18 recognize that motion.

19 Do you have a second?

20 Okay. Can we forego discussion
21 because we know what it is unless somebody
22 is passionate. Okay.

23 REPRESENTATIVE SPETZLER: Was the
24 motion to table?

25 MADAM CHAIR: Yes.

1 REPRESENTATIVE SPETZLER: I would
2 oppose that motion.

3 MADAM CHAIR: Well, I assumed that.
4 But it's okay that you made it.

5 Sorry. It's not good to assume
6 anything. But anyway --

7 All right. Everyone in favor of
8 tabling the motion, raise your hand.

9 Okay. Everyone opposed to tabling
10 the motion.

11 Okay. The motion fails. Sorry.

12 Now, we are in the posture -- because
13 I feel like people have amendments. All
14 right? And rather than discussion for the
15 sake of time, does anybody have an
16 amendment they'd like to make?

17 Representative Beverly, is that your
18 mike that's on?

19 REPRESENTATIVE BEVERLY: Yes, it is.

20 MADAM CHAIR: Okay. And you have an
21 amendment?

22 REPRESENTATIVE BEVERLY: Yeah, I have
23 several amendments and I'd like to draw
24 your attention to if the gentleman yield to
25 -- if we first go to line 11, that we

1 strike line 11 and insert in lieu thereof,
2 the following starting with perform
3 abortions to determine the existence of a
4 -- insert the word "functioning" human
5 heart.

6 So the amendment would say or insert
7 the word "functioning". Human heart before
8 performing.

9 MADAM CHAIR: Heart or heartbeat?

10 REPRESENTATIVE BEVERLY: Heartbeat.
11 Heartbeat. Heartbeat.

12 MADAM CHAIR: Okay. We have an
13 amendment. Do I hear a second on the
14 amendment?

15 Okay. Any discussion on that
16 amendment before we vote?

17 Okay. Representative Newton?

18 REPRESENTATIVE NEWTON: Yes, I would
19 question the motion. What's detectable on
20 an ultrasound, which is how this bill
21 approaches determining it are routinely
22 reported as the initials "FHT", Fetal Heart
23 Tones. It's the same up until 40 weeks
24 gestation. It's always reported the same.
25 It's a very accepted definition. It's

1 clearly visible. Functioning -- obviously,
2 the cells are smaller than a functioning
3 one at 40 weeks or at two weeks post. But
4 I would just oppose the amendment for that
5 reason. It's a clear definition right now
6 of fetal heart tones medically when the
7 heart is beating.

8 MADAM CHAIR: Yes?

9 REPRESENTATIVE MITCHELL: Madam
10 Chair, because he addressed, can I address
11 the concern that I have?

12 MADAM CHAIR: Yes.

13 REPRESENTATIVE MITCHELL: And that is
14 is that I understand, Doctor, that they are
15 a collection of cells within the cavity of
16 the heart -- within a space. But as we've
17 heard expert testimony today, it is not a
18 functioning heart at that particular time.
19 You're picking up the tones, the intonation
20 of a flow that's going through that
21 particular group of cells. And so
22 functioning determines a different level or
23 different quality or different criteria for
24 saying what a heartbeat is.

25 MADAM CHAIR: Well, Representative, I

1 think that wouldn't the correct -- if you'd
2 like to correct your amendment, I think it
3 would be of a functioning heart.

4 REPRESENTATIVE MITCHELL: Yes.

5 MADAM CHAIR: Instead of a heartbeat.
6 Would you like to correct it to that?

7 REPRESENTATIVE MITCHELL: Yes.

8 MADAM CHAIR: It would be more
9 technically correct, I think what you're
10 trying to get at.

11 REPRESENTATIVE MITCHELL: Yes, ma'am.

12 MADAM CHAIR: Okay. So the amendment
13 would be, "With the existence of a
14 functioning human heart". Right? We've
15 had discussion.

16 Everyone in favor of the amendment,
17 raise your hand.

18 Everyone opposed.

19 That amendment fails.

20 REPRESENTATIVE MITCHELL: For the
21 sake of time, most of mine will go along
22 the same lines and so I'll just waive the
23 rest of my amendments as long as we have a
24 roll call vote, I certainly would
25 appreciate that.

1 MADAM CHAIR: Right. You mean by
2 name?

3 REPRESENTATIVE MITCHELL: Yes.

4 MADAM CHAIR: Okay. All right.
5 Other amendments.

6 So I would like to make one as Chair.

7 Excuse me, John, can you come up
8 again and tell me -- I'd like to have the
9 one that you mentioned that was left out.

10 MR. WALRAVEN: Madam Chair, I believe
11 you would be referring to the medically
12 futile pregnancy exception that is in the
13 existing code?

14 MADAM CHAIR: Yes.

15 MR. WALRAVEN: Then, Betsy, I would
16 ask for your counsel on this as well.

17 (Off-the-record comments)

18 MR. WALRAVEN: It would be from the
19 word "unless" on 153 through the number one
20 on 154? Would that be the first one?

21 (Off-the record comments)

22 MADAM CHAIR: All right. So it could
23 be in?

24 And I will tell the committee, you
25 know, I realize the difference. And it was

1 the discussion when we passed it the last
2 time. Some women certainly have the
3 ability and the stamina and the emotional
4 stability to carry a child that has a brain
5 -- an anencephaly -- thank you. I'm
6 forgetting that. The brain looks like it's
7 been cut in half. It's sliced off at the
8 back of the head. There's no skull around
9 it. And the brain, what little that there
10 is, hangs out in a sac.

11 That is incompatible with life and
12 some women have the stability, like I say,
13 the emotional stability to carry that baby
14 to term. To go to the grocery store and
15 they're six months pregnant and have
16 somebody say, oh, what is it, is it a boy
17 or a girl. And, you know, what do they
18 say? Yeah, it's a boy but it has a brain
19 that's hanging out in a sac and not going
20 to function.

21 There are others that doing that
22 would literally put them under psychiatric
23 care.

24 If a child has no kidneys, you know,
25 they cannot live. They live because the

1 mother is carrying them and the functions
2 are that way.

3 So that is why that exemption was put
4 in. I would ask this committee to trust me
5 enough. I'm just a member on this right
6 now asking you to understand what that can
7 do to women because I have to catch myself
8 when somebody is far along at seven or
9 eight months asking, you know, whether it's
10 a boy or girl and how they're doing and
11 that's not always a good type of question
12 to ask when you don't really know the
13 circumstances.

14 So what I would ask that we would
15 make that amendment to do and add that one
16 exception in the correct places and let
17 Betsy put it throughout where it needed to
18 be added.

19 Representative Newton.

20 REPRESENTATIVE NEWTON: Thank you,
21 Madam Chair. I know the goal is a
22 compassionate goal. Is that -- and I don't
23 know if Betsy could tell us -- we don't
24 have the language -- 31-9B-1, which is the
25 definition of medically futile.

1 With regard to one of the earlier
2 testimonies there was a discussion about
3 disability that might follow birth. And I
4 think we heard from a couple of people that
5 what was -- is medically futile a very
6 tight definition.

7 MADAM CHAIR: It's very different.

8 REPRESENTATIVE NEWTON: I didn't know
9 if we had the wording. Incompatible with
10 life would allow -- is that what it
11 essentially is?

12 MADAM CHAIR: It did not include
13 disabilities.

14 REPRESENTATIVE SETZLER: Could I get
15 two more minutes of the time we didn't
16 expend to speak to this a minute by chance?

17 MADAM CHAIR: Sure.

18 REPRESENTATIVE SETZLER: I'd like to
19 yield my time to Ms. Rachel Guy. She was
20 one of our --

21 MADAM CHAIR: You can speak to the
22 amendment. If you want to speak to the
23 amendment.

24 REPRESENTATIVE SETZLER: Thank you,
25 Madam Chair. I --

1 MADAM CHAIR: It's not for disabled
2 children or anything like that. We made
3 sure -- and just to make sure and clear
4 last time or for Down Syndrome or anything
5 like that. It was incompatibility with
6 life.

7 MS. GUY: You can't make the
8 statement of being incompatible with life
9 when you're alive in the womb. If we are
10 claiming that we're incompatible with life
11 based on birth and so, therefore, if the
12 child dies after birth, we are as alive
13 inside the womb as we are outside. And so
14 to claim that we are incompatible with life
15 inside the womb is a fallacy. It's not
16 true because we are alive in the womb and
17 children deserve the value and the right,
18 not only of life but of the continuation of
19 life.

20 MADAM CHAIR: I know you're very
21 passionate about this, but I would disagree
22 with you in that a child like this is
23 living not because of their own body
24 function but because of their mother's body
25 function and they're really not -- but I'm

1 not going to get into it with you.

2 Medical futile means that in
3 reasonable medical judgement this unborn
4 child has a profound immediate congenital
5 and chromosome abnormality that is
6 incompatible with sustaining life after
7 birth.

8 REPRESENTATIVE SPETZLER: And, Madam
9 Chair, I would just -- I appreciate your
10 consideration. I would say there were
11 three doctors that told her parents that
12 she was --

13 MADAM CHAIR: Right. Doctors can
14 make mistakes. Okay.

15 Representative Sharper.

16 REPRESENTATIVE SHARPER: Thank you,
17 Chair. I have possibly one amendment.

18 MADAM CHAIR: Wait a minute. We
19 haven't voted on the one I proposed.

20 REPRESENTATIVE SHARPER: Oh, okay.
21 Go ahead.

22 MADAM CHAIR: I would propose that
23 amendment that we put that into and make
24 that an exception.

25 Do I have a second on the amendment?

1 Thank you. We have a second.

2 And the amendment would make and
3 include incompatible -- what is it again,
4 Betsy?

5 Medical futile -- restore the medical
6 futile exception.

7 Any further discussion?

8 If not, everyone in favor of the
9 amendment, raise your hand.

10 Thank you.

11 Anyone opposed, do likewise.

12 Thank you to the committee for that
13 amendment.

14 Going forward, Representative
15 Sharper.

16 REPRESENTATIVE SHARPER: Thank you,
17 Chairman.

18 Just for the record, maybe get strike
19 down or not, but if we can look at by
20 striking on line 154, if we can say by
21 striking a human heartbeat and inserting a
22 functioning human heart and the pregnant
23 woman wants to carry the baby to term or
24 continue the pregnancy.

25 MADAM CHAIR: One more time.

1 REPRESENTATIVE SHARPER: Right here
2 -- okay, on line 154, by striking a human
3 heartbeat and inserting, "a functioning
4 human heart and the pregnant woman wants to
5 carry the baby to term or continue the
6 pregnancy".

7 MADAM CHAIR: I think we have an
8 objection to that. Okay? I will take a
9 vote on it. All right.

10 Everyone in favor of the amendment as
11 Representative Sharper proposed, show of
12 hands. Everyone in favor.

13 Everyone opposed.

14 Other amendments.

15 Representative Bennett. Oh,
16 Representative Schofield.

17 REPRESENTATIVE SCHOFIELD: Thank you,
18 Madam Chair.

19 So I'd just like to make an amendment
20 on line 164 through 166 to remove the
21 official police report. And we talked a
22 lot about it. You seemed open earlier so
23 I'd like to make a motion to remove that.

24 MADAM CHAIR: Okay. What would the
25 amendment, how would it read?

1 REPRESENTATIVE SCHOFIELD: I'd like
2 to strike that whole section.

3 MADAM CHAIR: Which one?

4 REPRESENTATIVE SCHOFIELD: 164
5 through 166.

6 MADAM CHAIR: Okay. The amendment is
7 to strike line 164 to 166. Do we have
8 discussion on that amendment?

9 REPRESENTATIVE SPETZLER: Madam
10 Chair, it's a policy question. I don't
11 think it's accomplishing exactly what the
12 lady is asking for. That policy question
13 would make it such that there's no rape or
14 incest exception, which I think I'd be
15 friendly to if the committee could move
16 that way.

17 But I just -- I mean, it would make
18 the ability to have exception for rape or
19 incest would be removed. It's not just the
20 -- you'd be removing the rape and incest
21 exception altogether.

22 REPRESENTATIVE SCHOFIELD: Okay.
23 Well, maybe that's not what I've got. No,
24 strike that.

25 REPRESENTATIVE SPETZLER: I would

1 accept that as a friendly amendment.

2 REPRESENTATIVE SCHOFIELD: No, that's
3 not -- we changed that.

4 MADAM CHAIR: Are you withdrawing the
5 amendment?

6 REPRESENTATIVE SCHOFIELD: I'm
7 withdrawing that one.

8 MADAM CHAIR: Thank you for that
9 clarification, Representative Setzler.

10 (Off-the-record comments)

11 MADAM CHAIR: I'm not going to
12 recognize you for that.

13 UNIDENTIFIED SPEAKER: Madam Chair,
14 I'd call the question.

15 MADAM CHAIR: All right. I've got to
16 call the question.

17 Everybody in favor of calling the
18 question, raise your hand.

19 All right. Everyone opposed.

20 Okay. At this point, I've tried to
21 give everybody and every side the ability
22 -- as you can see, this is a question
23 that's very divisive and it's very close.
24 And I have tried to listen to both sides.
25 But I think obviously because of the way

1 things go, I think we're down to the
2 decision. We know how the amendments are
3 going to go. It's a late hour and I am
4 going to make the decision to go ahead and
5 call the question and move with it as
6 Chairman.

7 REPRESENTATIVE BEVERLY: Is it not
8 true that you have to have a two-thirds
9 vote to have a -- to call a question in the
10 middle of a debate.

11 MADAM CHAIR: Do you know...

12 REPRESENTATIVE BEVERLY: And by the
13 virtue of it being 16-14, that that would
14 be out of order.

15 MADAM CHAIR: Representative, you
16 know, I do not know and I will ask Betsy.
17 I'm afraid I've never been asked that one
18 and do not remember it from my rules.

19 (Off-the-record comments)

20 MADAM CHAIR: It's under Robert's
21 Rules of Order and the House rules.

22 REPRESENTATIVE SETZLER: Madam Chair,
23 I would say that at some point if
24 amendments were dragging on in a way that
25 was not substantively underlying subject

1 matter, I think you could call some
2 non-germane and call the question. I do
3 think there's a point of that. I don't
4 think -- people could keep debate going on
5 indefinitely.

6 MADAM CHAIR: Right. And I really
7 don't think that's what they were trying to
8 do. I mean, I'm trying to be as fair about
9 this as I can possibly be, Representative
10 Setzler.

11 (Inaudible comments from unidentified
12 speaker)

13 MADAM CHAIR: All right. Can I ask
14 from the side that's doing amendments, how
15 many more amendments did you have?

16 REPRESENTATIVE SCHOFIELD: 10.

17 MADAM CHAIR: How many?

18 REPRESENTATIVE SCHOFIELD: 10.

19 MADAM CHAIR: That does require --
20 Betsy says it requires two-thirds from what
21 she can tell. So we're going to honor --
22 Betsy is our legal counsel and I will honor
23 her decision.

24 Thank you.

25 UNIDENTIFIED SPEAKER: Parliamentary,

1 Madam Chair.

2 I'd ask the legislative counsel to
3 reference the last sentence on Rule Number
4 12. Reserve the right not to entertain any
5 amendment, substitution or motion.

6 Doesn't that give her the right not
7 to recognize Representative Beverly's
8 motion?

9 I'm sorry?

10 (Inaudible comments)

11 UNIDENTIFIED SPEAKER: I'm looking at
12 the committee rules.

13 MADAM CHAIR: You know, the House
14 Rules override --

15 UNIDENTIFIED SPEAKER: They do not.

16 MADAM CHAIR: Okay. Okay. No, let's
17 just move this back. This is a divisive
18 issue. You know, I am willing to spend the
19 time to let both sides have their say. So
20 I'm going to move forward with this and let
21 them have their say. It doesn't need to be
22 any more divisive than it already is.

23 People are very divided on this and
24 everybody is entitled to how they believe.
25 This is the legislative process.

1 So I'm sorry if you have dinner
2 plans. If you're supposed to go let your
3 dog out like mine. Whatever the reason is,
4 we are going to do this. If I think that a
5 suggestion is non-germane or ridiculous, I
6 will rule not to recognize it. But given
7 reasonable amendments put forward, we will
8 go through the process.

9 All right. Representative Schofield.

10 The committee will please pay
11 attention to the proposed rules -- or
12 amendments as they come forward.

13 The quicker we move through them, the
14 quicker we can get out of here.

15 REPRESENTATIVE SCHOFIELD: Everybody
16 should have a copy over there.

17 Thank you, Madam Chair.

18 So lines 12 through 16 and inserting
19 in lieu of thereof, the following:

20 Abortion to provide for the reporting of
21 certain information by physicians to
22 provide for legislative findings, to
23 provide for related matters. And then
24 there's a two.

25 So we want to insert in lieu thereof

1 of the following by striking line 11 and
2 inserting in lieu of the following thereof.

3 REPRESENTATIVE SETZLER: Object.

4 MADAM CHAIR: So you're just striking
5 line 11?

6 REPRESENTATIVE SETZLER: Yes.

7 MADAM CHAIR: So how would it read?

8 REPRESENTATIVE SCHOFIELD: Okay. It
9 will read: Performing Abortions. To
10 determine the existence of a functioning
11 human heart before performing -- okay. We
12 want to take out by striking line 11.

13 We want to take that line out and
14 inserting in lieu of the following:
15 Performing abortions to determine the
16 existence of a functioning human heart
17 before performing an...

18 So I -- you know, I may have to take
19 a minute because this is not --

20 Beverly, help me out here.

21 (Off-the-record comments)

22 REPRESENTATIVE SCHOFIELD: So the
23 next one would be -- and I apologize -- by
24 striking line 66 through 68 and inserting
25 in lieu thereof of the following just on

1 nine just reserved -- adding the word
2 reserved. Do you see it?

3 MADAM CHAIR: All right. How would
4 it read?

5 REPRESENTATIVE SCHOFIELD: Okay. 66
6 through 68 --

7 MADAM CHAIR: To strike in total 66
8 through 68?

9 REPRESENTATIVE SCHOFIELD: Yes. Just
10 the word reserve.

11 MADAM CHAIR: Just wants to put
12 reserved.

13 Okay. The amendment is to strike all
14 of line 66 and 68 and put reserved. That
15 is the proposed amendment.

16 Anyone in favor of that amendment,
17 raise your hand.

18 All opposed, raise your hand.

19 All right. The next one?

20 REPRESENTATIVE MITCHELL: Madam
21 Chair?

22 MADAM CHAIR: Yes.

23 REPRESENTATIVE MITCHELL: While she's
24 getting her amendments together, I have a
25 friendly amendment for the author.

1 MADAM CHAIR: All right. What is the
2 friendly amendment?

3 REPRESENTATIVE MITCHELL: My friendly
4 amendment that the author said he would
5 approve is if we would eliminate in total
6 lines 164 through 166.

7 MADAM CHAIR: I'm not going to
8 recognize you for that amendment. Sorry.

9 Representative Hutchinson, do you
10 have an amendment?

11 REPRESENTATIVE HUTCHINSON: I do.

12 MADAM CHAIR: All right.
13 Representative Hutchinson, what's your
14 amendment?

15 REPRESENTATIVE HUTCHINSON: On line
16 three where it says that a child at any
17 stage of development that is carried in the
18 womb, instead of shall be. May.

19 MADAM CHAIR: Oh, may be included --
20 okay. The amendment is on line three, that
21 at the end --

22 (Off-the record comments)

23 MADAM CHAIR: Okay. At line three
24 and 129.

25 Okay. Guys, can we have everybody

1 quiet in the room? And that includes
2 legislators unless they're conferring with
3 each other.

4 Okay. So I can hear.

5 We have an amendment -- thank you for
6 that.

7 We have an amendment on the end of
8 line three, it would say instead of shall,
9 the last words are "shall be" and it would
10 say "may be". And it would need to be
11 changed on 132.

12 Betsy, read how it would be.

13 MS. HOWERTON: So it would say:
14 Unless otherwise provided by law. And
15 you'd have including an unborn child at any
16 stage of development who is carried in the
17 womb may be included in state population --

18 MADAM CHAIR: Okay. What it would be
19 to explain that amendment would be that it
20 wouldn't be a must that you had to claim an
21 unborn child in, you know, a census from
22 the state or state statistics.

23 REPRESENTATIVE SETZLER: Madam Chair,
24 I will say it is -- it's written: Unless
25 otherwise provided by law, the

1 circumstances where that's not appropriate
2 that law already provides for how it's
3 done, the census and otherwise would be
4 those exceptions. That's already addressed
5 in this. The shall is only in those
6 circumstances where it's -- it would -- the
7 state has the ability --

8 MADAM CHAIR: Not done it. I know.
9 So that is still up for consideration.

10 Everyone in favor of that amendment,
11 raise your hand.

12 Representative Henson.

13 REPRESENTATIVE HENSON: Are we
14 talking about this being included in the
15 census? Because then would we be the only
16 state in the nation counting unborn
17 embryos?

18 REPRESENTATIVE SETZLER: Madam Chair,
19 to the lady's question. That's why it says
20 unless otherwise provided by law.

21 REPRESENTATIVE HENSON: That's what
22 I'm asking. So therefore, we'd have a
23 higher count than we should actually have.

24 REPRESENTATIVE SETZLER: I'm going to
25 answer your question. It does not -- this

1 does not apply to the U.S. Census data.
2 State's provide all kind of data to the
3 U.S. Census Bureau, a subset of which they
4 use for their census numbers. This would
5 not affect our census numbers at all
6 because our census numbers are driven by
7 the U.S. Census Bureau's standards.

8 In circumstances when we use the U.S.
9 Census Bureau standards and apply those to
10 Georgia, voting and a whole number of other
11 circumstances, this wouldn't change that at
12 all. This just would be extra data we
13 collect as a state and in circumstances
14 that are not provided and prescribed by
15 other code of law, we would use this in
16 those circumstances only.

17 MADAM CHAIR: All right. So we've
18 had that explanation.

19 Everybody in favor of the amendment,
20 raise your hand.

21 Everyone opposed, do likewise.

22 Thank you.

23 All right. Do you have an amendment?

24 Is it ready to go? I mean, we are not
25 going to be able to sit here and come up

1 with amendments all night.

2 Representative Jones.

3 REPRESENTATIVE JONES: Yes. Thank
4 you, Madam Chair.

5 On line 131, by striking the word
6 "shall" and inserting the word "may".

7 MADAM CHAIR: We just did that one.

8 REPRESENTATIVE JONES: You just did
9 that one?

10 MADAM CHAIR: We just did that one.

11 REPRESENTATIVE JONES: Oh, I'm sorry.

12 MADAM CHAIR: And it failed.

13 REPRESENTATIVE JONES: Okay.

14 MADAM CHAIR: And one of the reasons
15 I'm allowing this, so the committee knows,
16 is because this was -- we were late in
17 saying we were going to hear this bill and
18 people really didn't have time to pre-make
19 amendments and I am trying to be as fair to
20 both sides as I possibly can be because
21 both sides of our aisle, Democrat or
22 Republican, whether you agree with them on
23 this issue or not, deserve on this very
24 important issue to have their say and to
25 try to make their amendments. And then

1 it's up to the committee to deal with those
2 amendments as they wish.

3 All right. Does anybody else have an
4 amendment?

5 Okay. Representative Frye.

6 REPRESENTATIVE FRYE: Thank you,
7 Madam Chair.

8 Lines 260. This would be an
9 amendment for the points one, two and
10 three. I don't know how to quickly
11 articulate it, but I'd like for the
12 committee to consider striking -- or adding
13 the presence of a functioning human heart
14 in place of the presence of a human
15 heartbeat on line 260 as well as line 263,
16 as well as line 267.

17 MADAM CHAIR: I think we did it on
18 one particular place. Right?

19 So we only -- this is a new
20 amendment. We only did it for one
21 particular place the last time. So the
22 amendment is up again on lines 263 and 267
23 to replace heartbeat and insert with a
24 functioning heart.

25 Everyone in favor of this amendment,

1 raise your hand.

2 Everyone opposed.

3 The amendment fails.

4 Are there any other amendments before
5 we vote on the bill?

6 Okay. We have a motion and a second
7 to move the substitute to House Bill 481 as
8 amended, with the one amendment that I
9 made. That is the question.

10 We have asked for a roll call vote.
11 Do you still want that, Representative?

12 I don't know why. You just get the
13 pictures from Representative (inaudible)
14 and you'll be able to tell.

15 Is your camera ready, sir?

16 Everybody smile for the camera.

17 All right. We're going to do the
18 roll call. We're starting now.

19 We're moving on the motion to hear
20 again, to pass -- for the passage of the
21 substitute to House Bill 481 as amended.

22 Start the roll call.

23 THE ASSISTANT: Newton.

24 REPRESENTATIVE NEWTON: Yes.

25 THE ASSISTANT: Barr.

1 REPRESENTATIVE BARR: Yes.
2 THE ASSISTANT: Grinders.
3 REPRESENTATIVE GRINDERS: Yes.
4 THE ASSISTANT: Beverly.
5 REPRESENTATIVE BEVERLY: No.
6 THE ASSISTANT: Bennett.
7 REPRESENTATIVE BENNETT: No.
8 THE ASSISTANT: Cheokas.
9 REPRESENTATIVE CHEOKAS: No.
10 THE ASSISTANT: Dempsey.
11 REPRESENTATIVE DEMPSEY: Yes.
12 THE ASSISTANT: Douglas.
13 REPRESENTATIVE DOUGLAS: No.
14 THE ASSISTANT: Drenner.
15 REPRESENTATIVE DRENNER: No.
16 THE ASSISTANT: Frye.
17 REPRESENTATIVE FRYE: No.
18 THE ASSISTANT: Gaines.
19 REPRESENTATIVE GAINES: Yes.
20 THE ASSISTANT: Gordon.
21 REPRESENTATIVE GORDON: No.
22 THE ASSISTANT: Hatchett.
23 REPRESENTATIVE HATCHETT: Yes.
24 THE ASSISTANT: Hawkins.
25 REPRESENTATIVE HATCHETT: Yes.

1 THE ASSISTANT: Henson.
2 REPRESENTATIVE HENSON: No.
3 THE ASSISTANT: Hogan.
4 REPRESENTATIVE HOGAN: Yes.
5 THE ASSISTANT: Howard.
6 REPRESENTATIVE HOWARD: No.
7 THE ASSISTANT: Hutchinson.
8 REPRESENTATIVE HUTCHINSON: No.
9 THE ASSISTANT: Jaspers.
10 REPRESENTATIVE JASPERS: Yes.
11 THE ASSISTANT: Jones.
12 REPRESENTATIVE JONES: No.
13 THE ASSISTANT: Kelley.
14 REPRESENTATIVE KELLEY: Yes.
15 THE ASSISTANT: LaHood.
16 REPRESENTATIVE LAHOOD: Yes.
17 THE ASSISTANT: Lott.
18 REPRESENTATIVE LOTT: Yes.
19 THE ASSISTANT: Mathiak.
20 REPRESENTATIVE MATHIAK: Yes.
21 THE ASSISTANT: Mitchell.
22 REPRESENTATIVE MITCHELL: No.
23 THE ASSISTANT: Parsons.
24 REPRESENTATIVE PARSONS: Yes.
25 THE ASSISTANT: Petrea.

1 REPRESENTATIVE PETREA: Yeah.
2 THE ASSISTANT: Pruett.
3 REPRESENTATIVE PRUETT: Yes.
4 THE ASSISTANT: Schofield.
5 REPRESENTATIVE SCHOFIELD: No.
6 THE ASSISTANT: Sharper.
7 REPRESENTATIVE SHARPER: No.
8 THE ASSISTANT: Silcox.
9 REPRESENTATIVE SILCOX: (Inaudible).
10 THE ASSISTANT: Stephens. Stephens
11 is absent.
12 Stephenson.
13 REPRESENTATIVE STEPHENSON: No.
14 THE ASSISTANT: Tankersley.
15 REPRESENTATIVE TANKERSLEY: Yes.
16 Nos are 14. Yays are 17.
17 MADAM CHAIR: The substitute to House
18 Bill 481 as amended passes.
19 Don't everybody leave. We have to go
20 back to the Tanner bill.
21 So thank you for everybody's patience
22 with us and letting us try to give
23 everybody, you know, say to this.
24 Can we move back to Representative
25 Tanner's bill?

1 (Brief pause)

2 (Upon resuming).

3 MADAM CHAIR: Representative Lott, do
4 you have a motion?

5 REPRESENTATIVE LOTT: Madam Chair, I
6 make a motion to table House Bill 546 that
7 was on for today.

8 MADAM CHAIR: Okay. And,
9 Representative Kelley, you have a question?

10 REPRESENTATIVE KELLEY: Madam Chair,
11 I'd just like to ask the Governor's floor
12 leader by tabling this bill, does that mean
13 the Governor is going to support the
14 measure that this House just passed?

15 REPRESENTATIVE LOTT: It is my
16 understanding that the Governor of the
17 State of Georgia is very much and
18 unapologetically pro-life and this bill is
19 certainly that.

20 MADAM CHAIR: The one that just
21 passed.

22 REPRESENTATIVE LOTT: The one that
23 just passed.

24 MADAM CHAIR: Okay.

25 Representative Hawkins, did you have

1 a question for Representative Lott?

2 REPRESENTATIVE HAWKINS: Not really.

3 Just a statement, quick statement.

4 MADAM CHAIR: Go ahead.

5 REPRESENTATIVE HAWKINS: I would like
6 to thank the committee and the people in
7 the audience. I have a grandson that's
8 probably six weeks old now and he's trying
9 to cling to life and we're making the
10 decision to let six week old children live.
11 Thank you.

12 MADAM CHAIR: Representative Beverly
13 has a question for Representative Lott.

14 REPRESENTATIVE BEVERLY: Just -- no,
15 on the general lady's motion, I wanted to
16 go ahead and second that to table 546.

17 MADAM CHAIR: Oh, good.

18 REPRESENTATIVE BEVERLY: Yes, I
19 wanted to second to table 546.

20 MADAM CHAIR: Okay. We have a motion
21 to -- and a second to table 546. Is there
22 any further discussion on that?

23 All right. Everybody in favor of
24 tabling 546.

25 Can I have just ayes this time?

1 Everybody in favor say aye.

2 Anyone opposed?

3 Okay. The ayes have it. The bill is
4 tabled.

5 Okay. Back to -- okay. House Bill
6 514, Representative Tanner's bill.

7 Will you please go to the page that
8 was left out and please look...

9 Okay. We need to have order. Excuse
10 me. Excuse me. Everybody that's in the
11 room as you leave, please cease your
12 discussions. We are still in session and
13 we need to be able to hear so we can finish
14 our work.

15 Thank you very much.

16 There are people that are very
17 interested in this bill.

18 Okay. Everybody has page two.
19 That's what was missing and you will see
20 that basically it talks about the people
21 that are going to be appointed or types of
22 individuals and where -- their backgrounds,
23 where they come from and represent that are
24 going to be on the commission.

25 Do I have any questions about that?

1 Okay. Representative Beverly.

2 REPRESENTATIVE BEVERLY: At the
3 appropriate time, I'd make a motion to do
4 pass.

5 MADAM CHAIR: I've got one question.
6 I'll come back to you for that.

7 Representative Hogan.

8 REPRESENTATIVE HOGAN: I'd like to
9 second that whenever the appropriate time.

10 MADAM CHAIR: Okay. Well, I have no
11 other red buttons at this point so why
12 don't we -- Representative Beverly.

13 REPRESENTATIVE BEVERLY: Motion do
14 pass.

15 MADAM CHAIR: A motion on a do pass
16 to House Bill 514 and a second from
17 Representative Hogan.

18 Do I have any further discussion?

19 Okay. Hearing no further discussion,
20 everyone in the favor of the passage of the
21 substitute to House Bill 514, say aye.

22 Anyone opposed, no.

23 That ayes have it. Thank you very
24 much.

25 I appreciate the committee and I

1 appreciate everybody that was waiting to
2 hear the final on that bill. Thank you for
3 your patience.

4

5 (Proceedings concluded)

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

1 STATE OF GEORGIA
2 COUNTY OF MUSCOGEE

3

4 C E R T I F I C A T E

5

6 The foregoing transcript of the proceedings was
7 prepared by me from the electronic media provided to
8 me by Elizabeth Gallo Court Reporting, and I certify
9 that it is a true and correct transcript to the best
10 of my ability of the proceedings.

11

12 This 6th day of June, 2019.

13

14



15

Judy K. McNeill
Certified Court Reporter
No. B-1611

16

17

18

19

20

21

22

23

24

25